MARGIN RESERVED FOR BINDING

SE TYPE OR WRITE PLAINLY
TYPE OR
TYPE
PLEASE

VS. A15-10-53

CMIT	FIGILII	J OI DIM		rteg. Di	150. 110	
1. PLACE OF DEATH:		2. USUAL RESI	DENCE (HOME	OF DECEAS	SED:	
COUNTY Washington MARYL	LAND	STATE	Md. co	Wa.	sh.	
CITY (If outside corporate limits, write RURAL) LENG	oth of stay		Hagerst		L and give r	earest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESSWashington Co. Hos	spital	STREET ADDRESS	110 N. (connon		1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Floyd Emery		(Last)	4. DATE OF DEAT	Man	(Day) 2	(Year) 1955
Male 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify) Married	Sept.	of BIRTH: 27, 1877	9. AGE last bir	yrs. IF UNDER	Days Ho	urs Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or INDUS HOUSING		Geneva	(State or foreign	n country): 1	2. CITIZEN COUNTR	
13. FATHER'S NAME: ISAAC Ansley			as Barde			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SE		17. INFORMANT				
(Yes, never unk.) (If Yes, give war or dates of service)	}-2619	Mrs. Ethe.	l Walker	Hag.	Md.	
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	teriosc	lerotic He	art Dise	886	13	years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	2					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	eumonit:	is left ba	se		_17	lavs
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS O					20. / YES	NO T
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (HOOR CONTRIBUTING CAUSE OF DEATH OF INJURY street, notify medical examiner)	ome, farm, fac- eet, office bldg.,	tory. 21c. WHERE etc. INJURY OCC	DID (City or t	own) (Co	unty)	(State)
	Not while at work	21F. HOW DIE	NJURY OCCL	IR?	- 4	
22. I hereby certify that I attended the deceased alive on Mar. 1	occurred at	2.30 AM from	the causes an	d on the dat	te stated s	hove
REMOVAL (SPECIFY)	se Hill	Cemetery	Hager	stown	Md.	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	E -AA/	24. FUNERAL	DIRECTOR	0 ~	ADDR	ESS

BUREAU V. S.

A du Telesta de la Mandale de la Susane, interessario

2261 7 AAM

BECEINED

legibly

and

clearly

death

-

K

RITE

田田田

TYPI

SE

0

importa

00

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (13) 73 3087 CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland Washington Washington COUNTY MARYLAND CITY(If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL) LENGTH OF STAY life OR and give nearest town)
Town Hagerstown Hagerstown TOWN HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS 1404 Potomac Ave. STREET ADDRESS Wash. Co. Hosp. (First) (Middle) (Last) DATE (Month) 3. NAME OF (Type or Print) Ruby Bachtell OF May DEATH: 19 16. COLOR OR 17. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR (Specificarried June 28,1893 61 Months Hours OA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF work done during most of working life, even housewill e Hagerstown, Md. 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Carrie Irvin Albert Heil 17. INFORMANT & ADDRESS: 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Clifton M. Bachtell Jr. Hag. Md. (No no, or unk.) (If Yes, and war or dates none 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 20. AUTOPSY 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DIE OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, of the bldg., etc. INJURY OCCUR? 21c. WHERE DID (City or town) (County) (State) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED
While Not while 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) at work at work 22. I hereby certify that I attended the deceased from 11-26 , 19 18 to Olcar No ', that I last saw the deceased and that death occurred at 1:55 M. from the causes and on the date stated above, DATE SIGNED NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL REMOVAL (SPECIFY) Mar. 31,1955 Rose Hill Cemetery Hagerstown. Md. 24. FUNERAL DIRECTOR

Scott F. Minnich & Son Hag. Md.

BUNEAU V. S.

S261 ₱ 84%

RECEIVED.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BY LOCAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03074

CERTIFICATI	E OF DEATH Reg. Dist. No. 5	>O ~
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Washington MARYLAND	STATE Md. COUNTY Washingto	n
CITY (If outside corporate limits, write RURAL or stay and give nearest town) TOWN Hagerst own LENGTH OF STAY (in this place) 42 years	CITY(If outside corporate limits, write RURAL and give rook) Hagerstown	
HOSPITAL OR INSTITUTION OR MARTIN MANOR	STREET (If rural give location) ADDRESS 106 W. Washington St.	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) John Frank Be	(Last) 4. DATE (Month) (Day) OF DEATH: March 10	(Year) 1955
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED. Sept. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, experimed: 10B. KIND OF BUSINESS OR INDUSTRY: 13. FATHER'S NAME:		
John A. Bell	Mary E. Middlekauff	
(Yes, no, or unk.) (If Yes, give war or dates of service) 18. Social Security No.	Mrs. Howard P. Hartman Hag.	Md.
18. MEDICAL CERTIFICAT		AL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH H 22 INMEDIATE CAUSE ANTECEDENT CAUSE (8) (A) Seven Arteria	scleritie Vascular Unique 10 y	AND DEATH
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. / YES	NO NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	21F. HOW DID INJURY OCCUR?	
SIGNATURE F J Musch	12:20M, from the causes and on the date stated a ADDRESS DATE SIGNE OF OF CREMATORY LOCATION (City, town, or county)	above.

Rest Haven Cemetery

24. FUNERAL DIRECTOR

Scott F. Minnich & Son

Hagerstown

Md.

Hag.

ADDRESS

Md

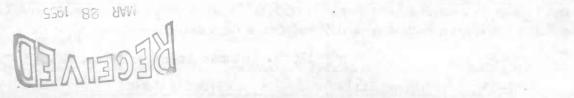
BECEINED

BUREAU V. S.

VS. A15-10-53

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE	c, 1	18	0307
3089	CEL	RTIFICATE	OF	DEATH R	2.00	Diet	No 3

1, PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY Washington MARYLAND	MARYLAND STATE Md. COUNTY Washington		
CITY (If outside corporate limits, write RURAL OR and give nearest town)	CITYIIf outside corporate limits, write RURAL and give nearest town) OR		
HOSPITAL OR 18 yrs.	STREET (If rural give location)		
INSTITUTION OR OF STREET ADDRESS 401 Jefferson St.,	ADDRESS 401 Jefferson St.,		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)		
(Type or Print) Laura Louise	Bowers OF DEATH: 3 24 19 55		
RACE: WIDOWED, DIVORCED.	TE OF BIRTH: 9. AGE last birthday F UNDER 1 YEAR IF UNDER 24 HRS. 121-1915 39 yrs. Months Days Hours Min.		
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife home	Frederick Co. Md. 12. CITIZEN OF WHAT		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
William Hays	Alma Wolfe		
S. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:		
(Yes, no, or unk.) (If Yes, give war or dates none	George S. Bowers Hagerstown, Md.		
18. MEDICAL CERTIFIC I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH		
ANTECEDENT CAUSE (S) (A) <u>carcin</u> DUE TO bleeding	oma cervix @ Secondary anemia 1 yr from colon - (causeunknown)		
	tral Valvular heart disease ?		
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	mitral stenosis		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERAT	20. A010F311		
Feb. 1954 D&C - carcinoma	cervix YES NO TO		
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bluif either, notify medical examiner)	factory. 21c. WHERE DID (City or town) (County) (State) dg., etc. INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUR! While Not while at work at work	RED 21F. HOW DID INJURY OCCUR?		
	at 9:30 AM, from the causes and on the date stated above.		
SIGNATURE 1	' ADDRESS DATE SIGNED		
23. BURIAD, CREMATION, DATE THEREOF NAME OF CEM	M. D. 115 N. Potomac St-Hagerstown, Md. 3-25- ETERY OR CREMATORY LOCATION (City, town, or county) (State)		
burial 3-27-55 Rose Hill			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
THOUS. 25.1955 Columbia Joeves	Fred W. Kraiss Hagerstown, Md.		



BUREAU V. S.

F	
AARGIN RESERVED FO	
N.	
ER	
ES	
24	
Z	
RG	
\equiv	
2	
1	
1	
60	
i i	
10	
15	
. A15 — 10 - 53	
S	

. The	maryland state departmen 3990 CERTIFICATI	T OF HEALTH—BALTIMORE, 18 () 3076 E OF DEATH Reg. Dist. No. 302	
carefully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
carefull legibly.	COUNTY Washington MARYLAND	STATE Maryland COUNTY Washington	
ca	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest to	own)
ion	OR and give nearest town) (in this place) Town Hagerstown 2 days	Town Hagerstown 03	
nat	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	
orr	8/STREET ADDRESS Wash. Co. Hospital	928 Mulberry Avenue	
em of information death clearly and	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)	
of	DECEASED: (Type or Print) Margaret Bertha	Bowers OF DEATH: Mar. 31 1955	5
item of dea	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9, AGE last birthday IF UNDER 1 YEAR IF UNDER 24 H	HRS.
	Female White (Specify): Married 10-6	-1881 73 yrs. Months 2 yrs Hours M	vin.
r every	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WI	HAT
	everDertity Registar	Wash. Co. Wilson Dist. U.S.A.	
pply	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	Martin Lewis Middlekauff	Victoria Jacques Brewer	
a good	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
INK.	NO of service) NONE	Charles H. Bowers, Hagerstown, Md.	
WITH UNFADING	ANTECEDENT CAUSE (S' DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	sclerotic Heart Divisure 5 yrs. ±	£-
w.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
LY,	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
PLAINLY, W	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPS	Y?
4		YES NO	4
WRITE PL especially	21A. ACCIDENT WAS UNDERLYING CR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?	
·	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
-	22. I hereby certify that I attended the deceased from April	12, 1954 to Mar 31, 1955, that I last saw the decem	ased
ASE TYPE 0 correct age	alive on Mar 3 , 19 5, and that death occurred at SIGNATURE 23. BURIAL CREMATION. DATE THE FOF NAME OF CEMETIC REMOVAL (SPECIFY)	S: 30 M, from the causes and on the date stated above. ADDRESS DATE SIGNED 4/1/ D. 214 N. Poto L.C. St. Hay Piters Indeed to the county of county is to the county of	
PLEA	Burial 4-3-1955 Rose Hill C		
P	REGISTRAL 1955 Chast. Bowers	C. M. Suter & Sons, Hagerstown, Md.	

H and there is

BUREAU V. S.

198 5 1955

SECEDAED

3	of

9	4	A	1
-	- 81	13	1.0

Ē.	3141 CERTIFICAT	E OF DEATH Reg. Dis	t. No. 303
y.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
19 is	Washington was we	CTATE M	la de martina de la
carefully.	COUNTY Washington MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STA	Y CITY(If outside corporate limits, write RURAL	and give nearest town)
on	OR and give nearest town) (in this place)	TOWN Ol Coming Dame	nr. Big Poo
item of information careful of death clearly and legibly	HOSPITAL OR INSTITUTION OR AM STREET ADDRESS	STREET (If rural give location ADDRESS) /
nfo	Residence	Near-Big Poole,	MoL.
f in	3. NAME OF (First) (Middle) DECEASED:	OF	(Day) (Year)
n c	(Type or Print) Lucy Viola Boyd 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DAT.	DEATH: March E OF BIRTH: 9.AGE last birthday IF UNDER 1	22, 1955 YEAR IF UNDER 24 HRS.
ite	RACE: WIDOWED, DIVORCED. Specify: Widowed July	Months	Days Hours Min.
r every	10A. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11: BIRTHPLACE (State or foreign country): 12.	COUNTRY?
. 0	Home Duties Homemaker	Wash. Co. Md.	U.S.A.
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Su e	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Lydia Winders	
. "		17. INFORMANT & ADDRESS:	
	(Yes, no, or unk.) (If Yes, give war or dates of service)	Daniel G. Boyd, Cle	ar Spring M
	18. MEDICAL CERTIFICA		INTERVAL BETWEEN
UNFADING	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	151X		CIV MONTHS
ins	IMMEDIATE CAUSE (A)CARCINOM.	ATOSIS, GENERALIZED	SIX MONTHS
icia	ANTECEDENT CAUSE (8)		· · · · · · · · · · · · · · · · · · ·
Physicians	DISEASES OR CONDITIONS, IF ANY,	OF THE STOMACH	UNKNOWN
P	STATING UNDERLYING CAUSE LAST.		
ıt.	(C)		
tar	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
OOL	DISEASE OR CONDITION CAUSING DEATH, ARTERIOSCI	LEROTIC HEART DISEASE	инкиоми
important.	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	NC	20. AUTOPSY?
	NONE		YES NO
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	actory. 21c. WHERE DID (City or town) (Cours., etc. INJURY OCCUR?	nty) (State)
esbe	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE OF INJURY While Not while	ED 21F. HOW DID INJURY OCCUR?	
e is especia	M. at work at work		
96	22. I hereby certify that I attended the deceased from 5-1	8-34 19, to 3-22-3519, that I las	t saw the deceased
चि क	alive on 3-20-55 19 and that death occurred a	t 10-A. M, from the causes and on the date	stated above.
SE TYPE	SIGNATURE	ADDRESS DA	TE SIGNED
02		M. D. CAEWA DORANGE (City, town, o	or county) (State)
FLEA	Burial Mar. 25, 1955 St. Pau	ls Cemetery Near Clear S	pring. Md.
4	DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS ON

BECEINED

BUREAU V. &

2361 OE 9AM

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5 ! 91 CERTIFICATI	E OF DEATH	Reg. I	Dist. No. 302
1. PLACE OF DEATH:	2. USUAL RESIDENCE	HOME.) OF DECEA	SED:
COUNTY Washington MARYLAND	STATE Maryland	1 COUNTY Wa	shington
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITYIII outside corporat	e limits, write RURA	L and give nearest town)
OR and give nearest town) (in this place) TOWN Hagerstown, Md.	TOWN Magerst	wn. Marvl	and og
HOSPITAL OR	STREET	(If rural give locati	
8 street Address Washington County Hosp.	ADDRESS		
3. NAME OF (First) (Middle)	(Last) 4.	DATE (Month)	(Day) (Year)
(Type or Print) Baby Boy B	reeks	OF DEATH: 3	17 19 55
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE		last birthday IF UNDE	R 1 YEAR IF UNDER 24 HRS.
Male Negro WIDOWED, DIVORCED, Specify: 3-17-	1955	yrs. Months	Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	II. BIRTHPLACE (State or Hagerstown, Ma		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN		ODA
	Domethan Descale		
Unknow IS. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO.	Dorthy Brooks		
15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates			
no of service) none	Dorthy Bro	oks	
DUE TO DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO DUE TO DUE TO DUE TO	tura Boron	7 200.)	
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etory. 21c. WHERE DID (Ci	ty or town) (C	ounty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	D 21F. HOW DID INJURY	OCCUR?	
OF INJURY M. While Not while at work at work	1	,	
(/	617, 1955, to Munch		
alive on flured 2, 196), and that death occurred at	Appress Appress	/. 1	te stated above.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET		CATION (City, town	, or county) (State)
Burial 3-19-1955 Rose Hill	Cemetery Ha	gerstown,	Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTO	OR I	ADDRESS

BUREAU V. Z.

BER SS 1955

BECEINED

carefully

information

item

Supply

legibly.

clearly

death

JO

30

nt.

RITI

SE

K

国

OR e is

TYPE rect ag

DATE REC'D BY LOCAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 302 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Washington Wash COUNTY MARYLAND STATE COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) Town Thaire ers town tip this place) OR Hagerstown TOWN HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESSash. County Hospital West Side Ave. (Middle) NAME OF (Last) DATE (Month) (Day) (Year) DECEASED: Lester Burger Levi (Type or Print) DEATH 19 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR WIDOWED, DIVORCED. Months Hours Days (Specify): Married Oct. OA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: Hagerstown 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME Charles B. Burger Frances L. Ward 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY ND. (Yes, no, or unk.) (If Yes, give war or dates of service) Lester L. Burger Jr. Hag. Md. DISEASES OR CONDITIONS DIRECTLY IMMEDIATE CAUSE ANTECEDENT CAUSE (S DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING , TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19B. MAJOR FINDINGS OF TOPS' 218. PLACE (Home, farm, factory. 21A. ACCIDENT WAS UNDERLYING 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not while While OF INJURY at work at work 22. I hereby certify that I attended the deceased from \$ 16-52, 19 , to clearly, 19 ..., that I last saw the deceased , and that death occurred at 7367M, from the causes, and on the date stated above. alive on ... SIGNATURE ADDRESS DATE SIGNED 23. BURIAL. NAME OF CEMETERY OR CREMATIONY LOCATION (City, town, or county) State

Rose Hill Cemetery

Scott

Hagerstown

Minnich & Son

Md .

Hag.

ADDRESS

Md.

BUREAU V. S.

2261 6S AAM

BECEINED

VS. A15 — 10 - 53

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Washington MARYLAND	STATE	hington
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN ROHTETSVILLE 8 MONTHS	TOWN Smithsburg	nd give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) N. Main St.	1
DECEASED: (Type or Print) Mary Elizabeth Bur	gesser of Marc	h 22 19 55
BACE: WIDOWED DIVORCED	21, 1880 08 yrs.	aya Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired rer canning factory	Smithsburg, Ma.	CITIZEN OF WHAT
John E. Burgesser	14. MOTHER'S MAIDEN NAME: Emma E. Burns	
S. WAS DECEASED EVER IN U.S. ARMED FORCES: Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: C. Lester Burgesser, Cave	town, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY. (B)	lied arteriorderosis	Suls.
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING 2AUSE OF DEATH OF INJURY street, office bldg.,	ctory, 21c. WHERE DID (City or town) (Count , etc. INJURY OCCUR?	y) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work 22. I hereby certify that I attended the deceased from 24. 21B. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work 22. I hereby certify that I attended the deceased from 24. 22c. I hereby certify that I attended the deceased from 24.	D 21F. HOW DID INJURY OCCUR? 1 , 19. , to , 19. , that I last	saw the deceased
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) While Not while at work at work 22. I hereby certify that I attended the deceased from alive on 1967, and that death occurred at SIGNATURE 23. BURIAL, REMATION, DATE THEREOF NAME OF CEMET	, etc. INJURY OCCUR? D 21F. HOW DID INJURY OCCUR? , 1957, to 1000, 1956, that I last	saw the deceased stated above. E SIGNED 24/JJ county) (State)

BUREAU V.

7701 68 9AM

BECEINE

CERTIFICATE OF DEATH	500
Item 9. FilmG179 3-21-55 et	. Dist. No.
I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME.) OF DEC	CEASED:
COUNTY Washington MARYLAND STATE Maryland COUNTY WE	shington
CITY (If outside corporate limits, write RURAL CITY(If outside corporate limits, write RURAL (in this place) OR	JRAL and give nearest town)
03 TOWN Hagerstown, Maryland 2 yrs. TOWN Hagerstown, Mary	rland. 03
HOSPITAL OR STREET (II rural give in ADDRESS	cation)
550 Pennsylvania Avenue. 650 Pennsylvania	inia Avenue
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) DECEASED: OF	(Day) (Year)
(Type or Print) William Edward Campner DEATH: 3	13 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF U Mor	nths Days Hours Min.
Male Negro (Specifyldewed Aug 23 1887 67 68/ yrs.	
work done during most of working life! OR INDUCTOY.	: 12. CITIZEN OF WHAT
even if retired): Waiter Hotel Baltimore, Maryland	USA.
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
William Henry Campher Susan Patterson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates	
of service) 219-05-1032 Rev. Walter E. Camphe	r 650 Penn. Ave
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
420.0 to a a Chennel Sta Heart Presen	11 AND DEATH
IMMEDIATE CAUSE (A) Shull and Ori passive (100)	c - mornes.
ANTECEDENT CAUSE (S)	2
GIVING RISE TO THE ABOVE CAUSE DUE TO)
STATING UNDERLYING CAUSE LAST.	43
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH	20. AUTOPSY?
	YES NO
	(County) (State)
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town)	
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	I last saw the deceased
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 22. I hereby dertify that I attended the deceased from dev. 10, 19, to Multiply, 19, that	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 22. I hereby dertify that I attended the deceased from del. 10, 19, to Manual, 19, that	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) While Not while at work at work at work 22. I hereby certify that I attended the deceased from occurred at / 100 M, from the causes and on the SICKYTURE M. D. HOW DID INJURY OCCUR? While at work at work Andrews M. D. HOW DID INJURY OCCUR?	date stated above. DATE SIGNED
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY OCCURRED While Not while at work At	date stated above. DATE SIGNED
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY OCCURRED While Not while at work AT INJURY OCCUR? OF INJURY OCCUR? OF INJURY OCCUR? While at work At work At work AT INJURY OCCUR? OF INJURY OCCUR? OF INJURY Street, office bldg., etc. INJURY OCCUR? INJURY OCC	date stated above. DATE SIGNED own, or county) (State)

Seel 8st same

A15 — 10 - 53

VS.

	MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	03082	
	20 P+1 G120 2/10/22	E OF DEATH Reg. Dist.	No.306	
y.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):	
carefully legibly.	COUNTY WAShiNOTONI MARYLAND	STATE Md. COUNTY W/45	hington	
cal	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a		
of information ath clearly and	TOWN (in this place) 40 yes.	OR TOWN CANATOWN	X	
	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	/	
inf cl			Day) (Year)	
m of i	DECEASED: (Type or Print) EMMA KATHERINE	CARI DEATH: 3	5 1955	
Supply every item rite the causes of de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED. (Specify): Widowed		ays Hours Min.	
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Domestic	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT	
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
	FRANK Spickler	Cotherine GARN	ER	
	15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:		
	(Yes, no, or unk.) (If Yes, give war or dates of service)	GEORGE CARL CAVETOWN	md.	
UNFADING sicians: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) Services DUE TO	ised Carcinonatosis	INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(Primary site unknown)		
 	(C)			
् - हि	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
INI odu	19A. DATE OF OPERATION: 19B. MAJOR FANDINGS OF OPERATION	N /	20. AUTOPSY?	
. 7	1/7/55 Generalized Carcino.	matoris.	YES NO NO	
pecially	21A. ACC/DENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State)			
WR	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	2 21F. HOW DID INJURY OCCUR?	7.67	
OR ge is	22. I hereby certify that I attended the deceased from	6 , 1942, to 3/6 , 1995, that I last	saw the deceased	
TYPE rect a	SIGNATURE	ADDRESS ADDRESS DAT 1. D. Smithsburg, Mc. 3/4	stated above.	
PLEASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or	ma-/	
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
	Muo. 11 1 De 1 18 Tenguson	Kest Haven Function Chape	nd.	



The

BINDING

FOR

RESERVED

MARGIN

correct

PLEASE

A15

VS.

SIGNATURI

I. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

(Year)

IF UNDER 24 HRS.

19

INTERVAL BETWEEN

ONSET AND DEATH history

20. AUTOPSY?

NOX

(State)

8 months

Hours

COUNTRY

Reg. Dist. No. 302

Days

Months

YES [

(County)

alive on Mar. 15, 19.55, and that death occurred at : 45AM, from the causes and on the date stated above. 100 Professional Arts Bldg.

2. USUAL RESIDENCE (HOME) OF DECEASED:

NAME OF CEMETERY OF CREMATORY | LOCATION (City, town, or county) BURIAL CREMATION. REMOVAL (SPECIFY) 1955 Hedgesville Cemetery Hedgesville W. Va.

CERTIFICATE OF DEATH

DATE REC'D BY LOCAL

ADDRES 24. FUNERAL DIRECTOR Scott F Minnich & Sons Hagerstown

BECEINED

FEET IS MAM

BUREAU V. S.

INK.

UNFADING

PLEASE TYPE OR WRITE PLAINLY, WITH

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13084 3095 CERTIFICATE OF DEATH Reg. Dist. No.

oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland
20	county Washington MARYLAND	STATE COUNTY
and legibly	CITY (If outside corporate limits, write RURAL or and give nearest town) Town Hagerstown 3 Yrs	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagers town
death clearly a	HOSPITAL OR INSTITUTION OR STREET ADDRESS 520 West Franklin St	STREET (If rural give location) ADDRESS 520 West Franklin St.
cle		(Last) 4. DATE (Month) (Day) (Year)
eath	DECEASED: NETTIE MAE CHRI	ISMAN OF March 20 191955
Jo	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. WIDOWED, DIVORCED. MAI	
causes	work done during most of working life. LICE STREET OWN HOME	Sharpsburg Md. 12. CITIZEN OF WHAT COUNTRY?
e	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
the	Conrad Easterday	Abbie Johnson
rite	IS. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
please write	(Yes. No. or unk.) (If Yes, give war or dates of service) None	Joseph J. Chrisman
ant. Physicians:	ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	hosis of liver 6 yrs
orta	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	We
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERAT		N. 20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (If EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while		
is esp	21F. HOW DID INJURY OCCUR?	
correct age i	SIGNATURE	M, from the causes and on the date stated above. DOTRESS A. D. TERY OR CREMATORY LOCATION (City, town, or county) (States)
	TEMOYATI(SPECIFY) 3/22/55 Rose Hill	l Cemetery Hagerstown Md.

BUREAU V. S.

WIE ST THE DELLA ED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

REC'D BY LOCAL

E .	3798 CERTIFICATE	E OF DEATH Reg. Dist	. No. 302
Supply every item of information carefully. te the causes of death clearly and legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
	COUNTY Washington MARYLAND	state Maryland county Wash	ington
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL	
anc	O3 TOWN Hagerstown 1 mo. 6 days	or TOWN Clearspring	Y
	HOSPITAL OR	STREET (If rural give location)	
m of information death clearly and	INSTITUTION OR STREET ADDRESS Washington County Hospital	ADDRESS Rockdale Road	4
			Day) (Year)
l	(Type or Print)	eaveland OF DEATH: March	5 19 55
	BACE. WIDOWED DIVORCED	of Birth: 9. AGE last birthday Funder of 25,1872 9. AGE last birthday Months I	Days Hours Min.
ŀ	10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
	work done during most of working life. even if retired: Court clerk State employee	Lancaster, New Hampshire a	merican
ŀ	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
l	Charles Austin Cleaveland	Sarah Twitchell	
ľ	IS, WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
ı	(Yes, no, or unk.) (If Yes, give war or dates of service)	Paul S. Cleaveland Clearspri	ng. Md.
PLAINLY, WITH UNFADING lly important. Physicians: plea	ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	seca of Riferen	3 yes
	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	· · · · · · · · · · · · · · · · · · ·	
I	TO THE DEATH BUT NOT RELATED TO THE		
Ì	DISEASE OR CONDITION CAUSING DEATH. 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	0-0	20. AUTOPSY?
	26 Jan 1955 Biapsy of RT. Jane	ex. May. (breaceed	YES NO
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	ty) (State)
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
ľ	22. I hereby certify that I attended the deceased from 18 Jan, 1955, to 5 war2, 1955, that I last saw the deceased		
		//= AM, from the causes and on the date	
	23. BURIAL REMATION DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) 3/8/55 Summer Street	ERY OR CREMATORY LOCATION (City, town, or	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	C. M. Suter & Sons, Hagerstow	ADDRESS

DO NOT BELLEVILLE OF THE PROPERTY OF THE PROPE

BUREAU V. S

vs. A15-10-53

The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3097 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No. 302

03086

1. PLACE OF DEATH:	2. USUAL RESIDEN	ICE (HOME) OF DECEASES	D:
COUNTY Washington MARYLAND	STATE Md.	COUNTY Wash	1.
CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN Hagerstown life	CITY(If outside co	rporate limits, write RURAL a	
HOSPITAL OR	STREET	(If rural give location)	,
STREET ADDRESS 104 E. Baltimore St.,	ADDRESS 104	E. Baltimore St.	
3. MANE OF THE TOTAL PROPERTY OF THE PROPERTY	Last)		Day) (Year)
(Type or Print) Nevin James	Clingan	OF DEATH: 3	7 19 55
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED. Married April 1	OF BIRTH: 9.	AGE last birthday IF UNDER 1 Y Months I	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (St	ate or foreign country): 12.	COUNTRY? U.S.A.
even if retired): core man Pangborn Corp. 13. FATHER'S NAME:	Hanover, Pe		U.D.A.
James B. Clingan	Mayme Wir		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT &	ADDRESS:	
ves of service) W.W. II 215-14-2840	Mrs. Mildred (Clingan Hagersto	own, Md.
18. MEDICAL CERTIFICAT	ION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH
4201 arter	io sclerotic	myocardial	6yrs
IMMEDIATE CAUSE (A) AT GET	onary heart di	sease	
	onary		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO			
STATING UNDERLYING CAUSE LAST. 8 CUT	e coronary oc	clusion	10min
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?			
None			
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., 1000000000000000000000000000000000000	etc. 21c. WHERE DI	D (City or town) (Coun	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID IN	JURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan.	1955 to M	ar.7. 1955, that I last	saw the deceased
alive on Feb. 18, 1955, and that death occurred at 130p. M, from the causes and on the date stated above. ADDRESS DATE SIGNED M. D. 115 N. Potomac St Hagerstown. Md 3-8-55			
REMOVAL (SPECIFY)		Hagerstown	Md.
burial 3-10-55 Rest Haven	24. FUNERAL DII		ADDRESS
REGISTRANO, 1955 Chasty towers		iss Hagerstown	
The state of the s	I FIEU W. MId.	Too Hager 2 comit	, rius

BECEINED

BUREAU V. S.

1985 14 1988

.

C. M. Suter & Sons, Hagerstown, Md.

CERTIFICATE OF DEATH 302 Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY COUNTY Washington MARYLAND Washington CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) (in this place) NWOTE TOWN week Hagerstown Hagerstown (If rural give location) HOSPITAL OR STREET INSTITUTION OR ADDRESS STREET ADDRESS Wash. Co. Hospital 24 Suter's Avenue 3. NAME OF (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED Rebecca Cook 19 55 DEATH: Mar. (Type or Print) Ann 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR WIDOWED, DIVORCED. RACE: Months Days Hours I (Specify):Married Feb. 12, 1889 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: COUNTRY? even if retired); Housewife Harrisburg, Pa. U.S.A. 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Mary Parthemore Divila Wolfe 17. INFORMANT & ADDRESS: IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service) Preston R. Cook, Hagerstown, Md. NONE 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (A) Arteriosclerotic Heart Disease DUE TO ANTECEDENT CAUSE (S) Chronic Bronchial Asthma with DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO Bronchiectasis STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OF INJURY street, office bldg., etc. OR CONTRIBUTING CAUSE OF DEATH INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work 22. I hereby certify that I attended the deceased from Jan. 3, 1955 to Lar. 3, 1955, that I last saw the deceased , 1955, and that death occurred at 5:20 AM, from the causes and on the date stated above. SIGNATURE DATE SIGNED M. D. Hagerstown, Maryland March 4 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) Hagerstown, Maryland Rose Hill Cemetery 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL

IARGIN RESERVED FOR BINDING

The

carefully.

information

of

item

causes

upply

S

5

ADING

WITH

AINLY

PL.

and

clearly

death

of

write

Se

a

sicians

Phys

important.

500

ES.

S. A15 – 10 - 53
PLEASE TYPE OR WRITE

RECEIVED

BUREAU V. S.

DECEINED

BUREAU V. S.

2361 18 8AM

	The
M	carefully.
)	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The
	tem of
	very i
BINDING	Supply e
FOR	INK.
MARGIN RESERVED FOR BINDING	UNFADING
ARGIN	WITH
M	PLAINLY.
	WRITE
	OR
10 - 53	TYPE
S. Alb — 10 - 53	PLEASE

	MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18 03080	
	Item 14. Filmc179 3-31-55 et CERTIFICATI	E OF DEATH Dr Earl Young 302	
death clearly and legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	COUNTY Washington MARYLAND	state county	
	CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) OR HAGETS TOWN	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown	
	HOSPITAL OR	STREET (If rural give location)	
	7/ STREET ADDRESS Wash County Hospital	101 So; Potomac St	
h c	DECEASED:	(Last) 4. DATE (Month) (Day) (Year)	
causes of deat	(Type or Print) CHARLES LUTHER DAL	ILY DEATH: March 30 19 66	
	Male 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED. DIVORCED. Aug 1	of BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
	work done during most of working life. OR INDUSTRY:	Welsh Run Pa. 112. CITIZEN OF WHAT	
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
t. Physicians: please write	Ezra Daley	Elizabeth Blair	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
	(Yes, No or unk.) (If Yes, give war or dates of service) 3501	Mrs Bessie B. Emmert	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	arlief brygge en 1 ty interval Between onset and Death 3/9/55 Ontiniosalerasis unknown	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7 YES NO	
spec	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?	
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
-	22. I hereby certify that I attended the deceased from 3/9/55, 19, , to 3/21/55, 19, , that I last saw the deceased		
correct age	alive on 3/21/95, 19, and that death occurred at SIGNATURE	11:20 M, from the causes and on the date stated above. ADDRESS DATE SIGNED DATE SIGNED	
00		ERY OR CREMATORY LOCATION (City, town, or county) (State)	
1	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE PROJECTS CONTROL OF STREET	Andrew K. Coffman Hagerstown Md	

BUREAU V. S.

2361 83 AAM

BECEINED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18	03090
	~~~		~~		_		21

· 3101 CERTIFICATI	E OF DEATH Reg. Dist	. No. 302
1. PLACE OF DEATH:  COUNTY  Wash.  CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and girl represent town)  TOWN  ATOMN  1. PLACE OF DEATH:  MARYLAND  LENGTH OF STAY OR this place)  OF TOWN  60 Years	STATE COUNTY	ash.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 W. Antietam St.	STREET ADDRESS 21 W. Antietam	St. /
	(Last) 4. DATE (Month) (OF Mar	ch 2 (Year) 19 55
male   RACE: WIDOWED, DIVORCED, March	31, 1886   68 yrs.	Days Hours   Min.
	y North Wales, Great Brit	COUNTRY?
Rowland Davies	14. MOTHER'S MAIDEN NAME:  Maria Teeling	
(Yes, no, or unk.) (If Yes, give war or dates of service)  18. Social Security No.  212-14-7640	Ruth Davies, Hagerstown	, Md.
ANTECEDENT CAUSE (S)	occlusion	148 hours
GIVING RISE TO THE ABOVE CAUSE DUE TO	artery disease with y insufficiency	2 years.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		and the E
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etory, 21c. WHERE DID (City or town) (Count, etc. INJURY OCCUR?	ty) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY)  0 23. BURIAL (SPECIFY)  0 23. BURIAL (SPECIFY)  0 25. ROSE Hil	1:30PM, from the causes and on the date	stated above. FE SIGNED COWN, 3/3/5 county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Scott F. Minnich & Son, H	agerstown

BUREAU V. S.

2261 7 AAM

BECEINED

PLEASE TYPE

VS. A15-

MARGIN RESERVED FOR BINDING

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03091

3102

#### CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DECE	ASED:
COUNTY Washington	MARYLAND	STATE Mar	vland COUNTY WE	ashington
CITY (If outside corporate limits, write RU	RAL LENGTH OF STAY	CITYIIf outside	corporate limits, write RUR	
OR and give nearest town)  TOWN Hagerstown, Maryla	and 45 yr	OR TOWN	gerstown, Mary	rland 113
HOSPITAL OR	and and	STREET	(If rural give loca	
INSTITUTION OR		ADDRESS		
washingten (		46		
3. NAME OF (First) DECEASED:	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
		ean	DEATH: Mar	128 1955
5. SEX:   6. COLOR OR   7. SINGLE.	MARRIED. 8. DATE	OF BIRTH:	9. AGE last birthday IF UND	
Male Negro (Specify):	widowed May 1	51875	70 yrs. Month	Days Hours Min.
DA. USUAL OCCUPATION (Give kind of 10B.	KIND OF BUSINESS	11. BIRTHPLACE	(State or foreign country):	
work done during most of working life, even if retired): Laborer	OR INDUSTRY:	70 a 2 a 2 a a 4 a a a	**	COUNTRY?
Jaborer J		Eckington		USA.
J. FAIRER S NAME:		14. MOTHER 5 M	AIDEN NAME:	
Rebert Dean		Lucy	Hawkin	
	16. SOCIAL SECURITY NO.	17. INFORMANT	& ADDRESS:	
Yes, no, or unk.) (If Yes, give war or dates of service)	none	George De	an 46 Bloom A	llev
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEA	TRIBUTING	ho- Proce	ne onia	3-4day
D D MAJOR P	INDINGS OF OPERATION	N		YES NO NO
21a. ACCIDENT WAS UNDERLYING   21b. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Home, farm, fact NJURY street, office bldg.,	etc. INJURY OCCU		County) (State)
	21E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
	at work at work	10		
22 I horoby cortify that I attended the	deceased from Jan	10511 to 3	2.8, 1963, that I	last saw the decess
22. I hereby certify that I attended the alive on 3/2-8, and 1	december Iron O	3,53 P.M. from t	he causes and on the d	
V: Vor Duillen 23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETI	D. Hagens	Y LOCATION (City, tow	DATE SIGNED  3/3/- 1955  (n, or county) (State
V: Vor Stuller  23. BURIAL, CREMATION, DATE THEREOF  REMOVAL (SPECIFY)  BUTIAL  4-1-55	NAME OF CEMETI ROSE HILL SIGNATURE	D. Hagens	Y LOCATION (City, town) Hagerstown,	DATE SIGNED  3/3/- 1955  (n, or county) (State



S361 & A9A

BUREAU V. S.

1	3	3	OF
	-	1	U

			TA	5
eg.	Dist.	No.	30	

	T.	3103	CERTIFICATI	E OF DEATH Reg. Di	st. No. 30 -
1	carefully legibly.	1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEAS	ED:
10	carefull legibly.	COUNTY Washington	MARYLAND	STATE Md. COUNTY	Wash.
Y		CITY (If outside corporate limits, write on and give nearest town)  TOWN Hagerstown		CITY(If outside corporate limits, write RURAL OR TOWN Funkstown	and give nearest town)
M)	of information ath clearly and	HOSPITAL OR	pect St.	STREET (If rural give location ADDRESS 41 E. Baltimor	A STATE OF THE STA
	em of inf death cl	3. NAME OF (First) DECEASED: (Type or Print)  (First) Harry	(Middle) Clifford Die	DEATH:	arch 4 ₁₉ ^(Year)
	it of	male   white   (Special	married April	9. AGE last birthday  9. AGE last birthday  Months  62 yrs.	Days Hours   Min.
9N	causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired sheet metal	OB. KIND OF BUSINESS OR INDUSTRY: aircraft factor		2. CITIZEN OF WHAT COUNTRY?
INDI	Supply te the	13. FATHER'S NAME: John Diel	hl	14. MOTHER'S MAIDEN NAME: Eliza Harmon	У
FOR BINDING	INK. Su	(Yes, no, or unk.) (If Yes, give war or date of service)		Mrs. Grace C. Diehl, Fun	kstown, Md.
MARGIN RESERVED	WITH UNFADING	I DISEASES OR CONDITIONS DIRECTE  MMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) artero	pearates thursday	INTERVAL BETWEEN ONSET AND DEATH Suddle
AR	nt.	II OTHER SIGNIFICANT CONDITIONS	(C) CONTRIBUTING		
M	Y,	TO THE DEATH BUT NOT RELATED T	TO THE		777
	LAINLY, W	DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION: 19B. MAJO	OR FINDINGS OF OPERATION	N	20. AUTOPSY?
	REPORT PI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	218. PLACE (Home, farm, fac OF INJURY street, office bldg.,	etc. INJURY OCCUR?	unty) (State)
-	× 10	21D. TIME (Month) (Day) (Year) (Hour OF INJURY M.	21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
	o e	22. I hereby certify that I attended	the deceased from	. 25 1955, to Mur. 4, 1955, that I la	ast saw the deceased
- 53	त्म क	alive on Muce 4, 19 55, a	and that death occurred at	H.Jo. PM, from the causes and on the dat	DATE SIGNED
- 1(		siones no	nesser M	ERY OR CREMATORY   LOCATION (City, town,	or county) (State)
A15 -	PLEASE	23. BURIAL, CREMATION, DATE THE		n Cemetery Hagerstown,	Md.
Š	PI	DATE REC'D BY LOCAL REGISTRA	R'S SIGNATURE SHIDOWERS	Scott F. Minnich & Son,	Hagerstown

SG6T 01 HAM.

#### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

TOR MEDICAL	Reg. Dis	1. No.
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
Washington MARYLAND	STATE Maryland Washington	UNTY
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL a	nd give nearest town)
X TOWN Rural Hancock Life	TOWN Kural Hancock Md.	X
HOSPITAL OR AN INSTITUTION OR	STREET (If rural, give locati	on)
OO STREET ADDRESS Home		
3. NAME OF (First) (Middle) DECEASED	(Last)   4. DATE (Month	) (Day) (Year)
(Type or Print) Roy	Dignan DEATH 3	19 19 55
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	June 3.1883 9. AGE last birthday III Mo	onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	1 12. CITIZEN OF WHAT
Labor Orchard	Washington County	COUNTRY?
13. FATHER'S NAME		
Samuel Digman  15. Was Deceased Even in U.S. Armed Forces?   16. Social Security No.	Mary Slagle	
(Yes, no, or unknown) [(If yes, give war or dates of]	17. INFORMANT AND ADDRESS	
No service) None None	Mrs Jessle Kerns Blue Hill He	ancock R
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	· post oreon	ONSET AND DEATH
4 3 Immediate cause (a)	1. at Tul	Um / Us.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)		
OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the deese or condition causing death.	Scleusia	
19a. DATE OF OF RATION 19b. MAJOR FINDINGS OF OPERATION	M Q	20. AUTOPSY?
		Yes No
21. EXTERNAL CAUSE WAS PRIMARY   OR CONTRIBUTION;   PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COU	NTY) (STATE)
CAUSE OF DEATH.   INJURY  TIME (Month) (Day) (Year) (Hour) + INJURY OCCURRED	HOW DIM INJURY OCCUR?	
OF While at Not while work at work	now be the cook!	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes X, accident, suicide, homicide, SIGNATORY (Degree or title)	used died on the dry stated above and death in	and from the evidence my opinion resulted
CREMATION DATE THEREOF NAME O CEMETE	RY OR CREMATORY   LOCATION (City, town, or	county) (State)
Mt Olivet C	Hancock Rural Wa	shington Ma.
DATE RECED BULGEAR REGISTRAL SIENATURE	24. FUNERAL DIRECTOR	ADDRESS
ALLY THE VICTORY	total of selling to	barra And

ILEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

7S. A15A

BECEIAED

BUREAU V. S.

9901 OS 8W

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	CEDWING A ME	OT	TOTAL MIXT
3145	CERTIFICATE	OF	DEATH

Reg. Dist. No. 307

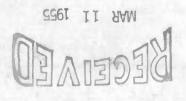
	0.1.20				
and legibly.	1. PLACE OF DEATH:	2. USUAL RESID	ENCE (HOME) OF	DECEASED:	
21	COUNTY VVASHINGTON MARYLAND	STATE INDA	LAND COUNT	V MALACHI	ALC TAN
e	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside	corporate limits, wri	te RURAL and	d give nearest town)
0	OR and give nearest town) (in this place)	OR	corporate finites, with	e RUIGHE and	a kive ticalest town,
an	X TOWN ROHRERSVILLE LIFE	TOWN	ROHRERSY	LLE	X
N	HOSPITAL OR	STREET	(If rural gi	ve location)	1
ar	INSTITUTION OR  TO STREET ADDRESS	ADDRESS	h	_	
clearly	IMAIN SI.	7		T	
	3. NAME OF (First) (Middle) (DECEASED:	Last)	4. DATE (Mo	nth) (Da	(Year)
at		STON		ARCH . 8	7. 1955
or-death	5. SEX: 16. COLOR OR 7. SINGLE, MARRIED. 18. DATE		9. AGE last birthday		
6	RACE: WIDOWED, DIVORCED. (Specify);	1000	51 A 1770	Months Day	ys Hours   Min.
	MARRIED MARCH	-26-1882	72-11-12 yrs.	-1	
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	II. BIRIHPLACE	(State or foreign cour		OUNTRY?
Cal	even if retired): CLERK WHOSALE CROLERY Co	ROLLEBOULL	E WASH . C		U.S.A.
the	13. FATHER'S NAME:	14. MOTHER'S M	AIDEN NAME:		23 1 100
		0			
ease write	DANIEL EASTON	CATHERI	NE ROHE	ER	
E	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT	& ADDRESS:		
9	(Yes, no, or unk.) (If Yes, give war or dates of service) 215-18-2197	IMRS DON THE	STON ROHRI	= D = VIII	B AAD
S	18. MEDICAL CERTIFICATI		STOR JEODIE	1	
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ON			INTERVAL BETWEEN ONSET AND DEATH
-	11200				OHOLI AND DEATH
202	IMMEDIATE CAUSE (A) Arterioscl	erotic Hea	rt Disease		7 yr.
an l	DUE TO	010020 43			
5	ANTECEDENT CAUSE (S)	whomas Colo	maaia		77 ***
23	Chillie Bloc To Tile Abolie Caller	rtery Scle	LOS IS		7 yr.
Physicians	STATING UNDERLYING CAUSE LAST.				
	(C)				
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
r	TO THE DEATH BUT NOT RELATED TO THE				
bo	DISEASE OR CONDITION CAUSING DEATH				
8	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION			1000101-3	20. AUTOPSY?
				F 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1	YES NO
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor or contributing Cause of Death Of Injury street, office bldg., (if either, notify medical examiner)	ory. 21c. WHERE I	DID (City or town)	(County)	(State)
spe	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	1 21F HOW DID	INJURY OCCUR?		
e	OF INJURY While Not while	EIII IIOII BIB	moon occom		
02	M.   at work   at work				
	22. I hereby certify that I attended the deceased from May	4 . 195 to 1	arch 9955 t	hat I last s	aw the deceased
age		Λ			
	alive on March , 155, and that death occurred at	ADDRES			ated above.
oe.	X   \		24 -		O JOKE
correct		•Hagerstow		March 9	7, 1700
ű	REMOVAL (SPECIFY)	RY OR CREMATOR		ty, town, or c	county) (State)
	BURIAL MARCH. 10. 1955 ROHRERS YILL	E CEMETER	V ROHRERSV	ILLE WI	ASH, Co. MD.
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL	IRECTOR		ADDRESS
				B	
	March 10-1955 Mes Fathering Dagenhart	TRACT TITE (A)	AND DONS	1200NS B	OM OSIDI

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING VS. A15-10-53

DR B.B. ITNEISLEY

めてー

H466R W.WAS



BUREAU V. S.

CONTRACTOR OF THE PROPERTY OF

03095

(Year)

Hours I

20. AUTOPSY? NO F

DATE SIGNED

Hag.

Scott F. Minnich & Son

Md .

**ADDRESS** 

(State)

(State)

COUNTRY?

(Day)

MAR 30 1955

PUREAU V. S.

the commence of the commence o

D
52
10
A15 —
VS.

	3103				E OF DEA	TH Page Dia	03096 t. No. 302
I. PLACE OF						DENCE (HOME) OF DECEASE	
	Tile alada ada						
	Washingto	e limits, write l	RURALI LENG		CITY(If outside	yland COUNTY Wash corporate limits, write RURAL	and give nearest town)
3 TOWN H	give nearest to	wn)	(in	this place)	TOWN Rura	l Hagerstown	×
HOSPITAL INSTITUT STREET A	ON OR	hington C	ounty Hos	pital	STREET ADORESS	R.F.D. #6	)
3. NAME OF	(Firs	it)	(Middle)		(Last)		(Day) (Year)
(Type or P		zie	May	Fol		DEATH: March	9 19 55
Female	6. COLOR OF RACE:	7. SINGLE WIDOW (Specify)	MARRIEO, ED, DIVORCED Widowed	0.	of BIRTH:	9. AGE last birthday 15 UNDER 1	Days Hours   Min.
work done	CCUPATION (Guring most of w	ive kind of 10	B. KIND OF I	BUSINESS		(State or foreign country):  12.	CITIZEN OF WHAT
even if reti	Housew	ife	011 111000		Woodpoint	, Maryland	COUNTRY?
3. FATHER'S	NAME:				14. MOTHER'S N	AAIDEN NAME:	
		Minneb	raker		unknor		
	c.) (If Yes, give		16. SOCIAL SE	CURITY NO.	17. INFORMANT		
	of service		none		Bruce E. Me	oats Funkstown, Ma	ryland
I DISEASES	OR CONDITIO	NS DIRECTLY		DEATH			INTERVAL BETWEEN
290.0	DIATE CAUSI		(A) Pe	rricious	ANGEMIA		12-14un
	DENT CAUSE		DUE TO				
OISEASES OF	CONDITIONS	. IF ANY.	(B)				
STATING UN	DERLYING CA	USE LAST.	(C)				
TO THE DE	ATH BUT NOT	NDITIONS CO	NTRIBUTING THE				
	PERATION:	19B. MAJOR		F OPERATION	J		
None	_						YES NO NO
TA. ACCIDENT R CONTRIBUT	T WAS UNDER ING CAUSE IFY MEDICAL EX	OF DEATH OF	B. PLACE (Ho F INJURY stre	me. farm, fact et, office bldg.,	ory. 21c. WHERE etc. INJURY OCCU	DID (City or town) (Cour	ity) (State)
TIME (MO)F INJURY	nth) (Day) (Y	ear) (Hour) M.	While	Not while at work	21F. HOW DID	INJURY OCCUR?	
22. I hereby	certify that	I attended th	e deceased f	rom / Mar	, 1955 , to 9.	Mer, 19.50, that I las	t saw the deceased
alive on	Mar	-		occurred at	745AM, from a	the causes and on the date	
1	I hus	py			D. 2301 Put		0 Mm 5)
23. BURIAL, REMOVAL Burial	(SPECIFY)	3/11/55		of CEMETE	emetery	Cearfoss, Wash.	
DATE REC'D	BY LOCAL	REGISTRAR'S	SIGNATURE		24. FUNERAL		AOORESS

APOI DI AAN

BUREAU V. S.

THE STOREST IN THE WAR AND THE REAL PROPERTY OF THE PARTY OF THE PARTY

THE RESIDENCE AND ADDRESS OF

MAR	
(I	)
-10 - 53	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18(1) The CERTIFICATE OF DEATH Reg. Dist. No. 302 carefully. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly COUNTY WASHINGTON STATMARYLAND COUNTY WASHINGTON MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH CF STAY CITYIIf outside corporate limits, write RURAL and give nearest town) and information (in This place) HAGERSTOWN C3TOWN TOWN clearly HOSPITAL OR STREET (If rural give location) ADDRESS INSTITUTION OR STREET ADDRESS WASHING TON COUNTY HOSPITAL 19 MEDWAY 3. NAME OF (First) (Middle) (Last) DATE (Month) (Day) (Year) death DECEASED CARRIE BELLE GIFT OF (Type or Print) DEATH: item SINGLE, MARRIES, WIDOWED, OLVORCED 6. COLOR OR 7. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR Months Days Hours (Specify): every 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT OR INDUSTRY: work done during most of working life. COUNTRY! "HOUSEWIFE MARYLAND pply 9 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: ANNA K. JONES JOSEPH Suj IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY ND. HAGERSTOWN 3 (Yes, no. or unk.) (If Yes, give war or dates of service) X MRS. VIVIAN TURNER MD. se ea 18. MEDICAL CERTIFICATION NG INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH d ONSET AND DEATH Physicians IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE WITH DUE TO STATING UNDERLYING CAUSE LAST. (C) important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE PLAINLY DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 especially 21A. ACCIDENT WAS UNDERLYING | 218. PLACE (Home, farm, factory.) 21c. WHERE DID (City or town) (County) (State) WRITE OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While Not while at work at work 2 OR 22. I hereby certify that I attended the deceased from 6/21 . 1945 to 8/23 . 1955 that I last saw the deceased age TYPE 55, and that death occurred at 1:20 PM, from the causes and on the date stated above. rect SIGNATURE ADDRESS DATE SIGNED SE CEMETERY OR CREMATORY LOCATION (City, town, or county) LOCAL

SECEIVED MAR 28 1955

BUREAU V. S.

with the second

on amount of the same and the

MARGIN RESERVED FOR BINDING

VS. A15-10-58

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

The

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18 (13098)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

y.	1.	PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
qi		Washington WARMAND	Maryland Washington			
eg	-	COUNTY	STATE COUNTY			
q		CITY (if outside corporate limits, write RURAL) LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL a	nd give nearest town)		
and legibly	03	OR and give nearest town) TOWN Hagerstown (in this place) 38 Yrs	Town Hagerstown	03		
Y		HOSPITAL OR	STREET (If rural give location)	1		
ar	Arra	street address 360 So. Cannon Ave	360 So. Cannon Ave			
cle	20					
h.	3.	DECEASED:	- 05	Day) (Year)		
death clearly		(Type or Print) THOMAS GORI	MAN Jr.   DEATH: March 2	7 1955		
	5.	SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y			
of of		Male White Specify Married July	7 25 1879 75 yrs. Months D	ays Hours Min.		
causes	10A.	USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT		
cal	S	reamressiovel Operator Retired	Buffalo N. Y. USA			
		FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
please write the		Thomas Gorman Sr.	Catherine Gorman			
rite	15. V	VAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
W		s, no, or unk.) (If Yes, give war or dates 2/3-10-1803A	Mrs Catherine R. Gorman			
Se		NO of service	mrs camerine n. Gorman			
lea		18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN		
Q	I	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH		
		1 IMMEDIATE CAUSE (A) Branch	omeumic	36 hours		
Physicians:		DUE TO				
sici		ANTECEDENT CAUSE (S)				
hy	GIVING RISE TO THE ABOVE CAUSE DUE TO					
	ST	ATING UNDERLYING CAUSE LAST.				
it.		(C)				
tal	11	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	myseardist muffrency	11.		
100		DISEASE OR CONDITION CAUSING DEATH. Jeneslyld	arellem	1 Unknown		
m	194	DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		
U				YES NO		
III	21A	ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, fact	ory. 21c. WHERE DID (City or town) (Count	y) (State)		
especially important.	OR	CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	(Deate)		
dsa		TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
	OF	INJURY While at work at work				
13	22. I hereby certify that I attended the deceased from \$100.14, 19.50, to Manh 27, 19.53, that I last saw the deceased					
age	22.					
	alive of Much 27, 1955, and that death occurred at 1:20 P.M. from the causes and on the date stated above.					
correct		SIGNATURE ()	ADDRESS DAT	TE SIGNED		
orr			D. Hagustown, Md	3/28/55		
O	23.	MPEMOVA! (SPECIEV)	ERY OR CHEMATORY LOCATION (City, town, or	county)/ (State)		
		Burial (SPECIFY) 3/30/55 Rose Hill	Cemetery Hagerstown Md	Hagerstown Md.		
	D	ATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS		
	19	SGISTRARY 1956 Alexa Hygnerory	Andrew K. Coffman Hagara	town Ma		

BECEINED

2361 OS AAM

BUREAU V. S.

GEGENAED

BUREAU V. S.

2361 IS AAM

age is especially important. Physicians: please

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () 31()()

3109

#### CERTIFICATE OF DEATH

Reg. Dist. No. 302

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washing for MARYLAND	amore Paris a
TO BOTH TO THE BUILD	STATE / enna. COUNTY / Jak //A
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town
3 TOWN Hagers town 3 days.	TOWN Oreeh Costle 75 X-3
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS / 1.	ADDRESS
STREET ADDRESS // 2 Shington S. Hospital	15 Centre Square V
3. NAME OF (First) (Middle)	(Last) / 4. DATE (Month) (Day), (Year)
DECEASED:	OF 2/1/
5. SEX:   S. COLOR OR   7. SINGLE, MARRIED,   8. DATE	chama!
RACE: WIDOWED, DIVORCED,	Months Days Hours Min.
Rale White (Specify): Single 4/	2/1888 66 yrs.
10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS O work done during most of working life, INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA
even if metimed):	COUNTRY?
Store Manager Hmerican Stores	o. Tranklin to lenna. US.H.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles o Cancon and It	Martha Maria
15 WAS DECEASED EVER IN U.S.ARMED FORCES?   16. SOCIAL SECURITY No.:   17	INFORMANT & ADDRESS:
Yes, no, or unk.) (If Yes, give war or dates of	0 9 10 2 m 11 1 P
Ves.   service World War I   173-03-2682	This Soretta Melling, Warnington, 19
18. MEDICAL CERTIFICAT	ION Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Onset And Des
4/6×	Alacke in the state of the state of
Immediate cause (a)	o e culture que que
DUE TO	6 1/1/D:
Antecedent causes (s) Diseases or conditions, if any, (b)	Til Heart Vileage 30 yrs
wiving visa to the shows some	
stating the underlying cause last. DUE TO	
(e)	
I. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition eausing death.	
9a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
Wang	Yes No
1. ACCIDENT (Specify) PLACE (Home, farm, factory, stree	
SUICIDE OFF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED	HOW DID INJURY OCCUR?
OF While at Not While	NOW DID MISSING COCCIA.
INJURY m. Work At Work	
INJURY m. Work At Work	,1954, to Feb., 1955, that I last saw the decease
22. I hereby certify that I attended the deceased from Dell	1 50
INJURY m. Work At Work	from the causes and on the date stated above.
22. I hereby certify that I attended the deceased from Pettalive on 1935, and that death occurred at 3	from the causes and on the date stated above.  ADDRESS  DATE SIGNED
22. I hereby certify that I attended the deceased from Signature or title)  19 55, and that death occurred at 19 55 and that death o	from the causes and on the date stated above.  ADDRESS  DATE SIGNED  HELLE LIST TO BE A STATE SIGNED
22. I hereby certify that I attended the deceased from Signature (Degree or title)  3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL, (Specify)	from the causes and on the date stated above.  ADDRESS  DATE SIGNED
22. I hereby certify that I attended the deceased from At Work alive on SIGNATURE (Degree or title)  3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify)  3. 4 / 1955	ADDRESS DATE SIGNED  LOCATION (City, town, or county)  Cemetery  Constern Creen(25th Franklin C. Cenna
22. I hereby certify that I attended the deceased from alive on signature (Degree or title)  3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	THE SIGNED DATE SIGNED  ADDRESS DATE SIGNED  LOCATION (City, town, or county) (State)

VS. A15

BECEIVED MAR 7 1955

BUREAU V. S.

correct

The

of information carefully death clearly and legibly.

Supply every item

INK.

Physicians:

PLAINLY, WITH U especially important.

4

3

EAS

RESERVED

MARGIN

No.

#### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

03101

FOR MEDICAL EXAMINERS Reg. Dist. No.... I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE MARYLAND COWNSHINGTON WASHINGTON MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SIVE PROTOWN HAGERSTOWN TOWN HOSPITAL OR EMPONTE TO HOSPITAL STREET ADDRESS WASHINGTON COUNTY HOSPITAL STREET (If rural, give location) ADDRESS S. POTOMAC ST. 3. NAME OF WILLIAM GRÖVE 4. DATE MARCH (Day) (Year) DECEASED 19 55 DEATH (Type or Print) 6. COLOR OR RACE WIDOWED, DIVORCED, 8. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hrs. Months Days | Hours | Min. MALE WHITE 10m. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during roos of working life, even if retired)

RETIRED BAKER

13. FATHER'S NAME

GROVE COUNTRY A "UWW" BAKERY MARYLAND " CHRISTINA" STECH 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 17. INFORMANT AND ADDRESS HAGERSTOWN 16. SOCIAL SECURITY NO. (Yes, ao, or unknown) (If yes, give war or dates of MR. WILLARD E. GROVE 214-09-4063 mervice) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Fractured skull - (hemorrhage & shock) 10 min Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not open fracture tibia & fibula, lt. related to the disease or condition causing death. 20. AUTOPSYT 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION none Yes 🗌 No 🔯 21. EXTERNAL CAUSE WAS PRIMARY Nor CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) × (STATE) OF office hldg., etc.) Md Washington Street Hagerstown HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while Stepped into path of oncoming car INJURY 3-30-55 8:20PM work at work K 22. I certify that I took charge of the remains described above, held an Autopsy [...], Inspection [...], Inquiry [...] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [3] accident [3] suicide [7], homicide [7], undetermined [7]. SIGNATURE (Degree or title) DATE SIGNED 115 N. Potomac St- Hagerstown, Maryland 4-1-55 23. BURIAL CREMATION REMOVAL (Specify) NAME OF GEMETERY OF CREMATORY LOCATION (City, town, of county) (State) DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR ADDRESS

VS. A15A



BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY Of outside corporate limits, write RURAL and   LENGTH OF STAY	asii.
3 OR give nearest town (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport, Maryland X
HOSPITAL OR INSTITUTION OR Washington Co. Hospital	STREET (If rural, give location)  ADDRESS Bower Ave.
3. NAME OF (First) (Middle) DECRASED WILLIAM EYSTER HARO	(Last) 4. DATE (Month) (Day) (Year) OF DEATH MAICH 29 1955
6. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) A 1 1 2 0	8. DATE OF BIRTH 9. AGE last birthday If under 1 year   If under 24 hrs. July 32.1878 78   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business of Industry Retired	11. BIRTHPLACE (State or foreign country)  Frederick, Maryland  12. CITTEEN OF WHAT COUNTERS. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Simon Hargett	May Griffith
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of 220-16-2920	Mrs. Gertrude Hargett
18. MEDICAL CEI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BUTWEEN
331 Immediate cause (a) Clrick of C	Oscelos accident Stris.
Antecedent cause(s)  Diseases or conditions, if any, (b)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to/the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes □ No Æ
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Many	1954, to 29 heard 1955, that I last saw the deceased
alive on Musich, 195, and that death occurred at (Degree or title)	h 120.
Tare Haah M. Willeams	pools, hed. 39 March 55
23. BURIAL CREMATION DATE THEREOF REMOVAL (Specify) 4-1-55 Rest Have:	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Andrew K. Coffman-Hagerstown, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

BUREAU V. S.

S561 ₹ 84V

DECENED

WITH UNFADING INK.

The

Supply every item of information carefully.

of death clearly and legibly.

please write the causes

Physicians:

especially important. WRITE PLAINLY

OR

TYPE

PLEASE

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18 03103
• 3112 CERTIFICATI	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  COUNTY Washington MARYLAND  CITY (If outside corporate limits, write RURAL OR and give nearest town)  ATOWN Hagers town	2. USUAL REGIDENCE (HOME) OF DECEASED: Washington STATE COUNTY CITY(If outside corporate limits, write RURAL and give nearest town) OR
HOSPITAL OR INSTITUTION OR STREET ADDRESS 24 West Side Ave	STREET (If rural give location) ADDRESS 24 West Side Ave
3. NAME OF (First) (Middle)  DECEASED: LELIA BEATRICE HARR	(Last)  4. DATE (Month) (Day) (Year)  OF March 31 1955
Female White Specification June  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	II. BIRTHPLACE (State or foreign country):  12. CITIZEN OF WHAT
work done during most of working life. OWN HOME  13. FATHER'S NAME:	Magnolia W. Va. USA USA
Sidney E. Whisner	Katherine H. Hare
(Yes, no. or unk.) (If Yes, give war or dates of service) NO.	Henry W. Harris
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
1443 X IMMEDIATE CAUSE  (A) Crye bral  DUE TO	hrmorthage 36 hours-
	Lundshrege 36 hours- 18ive cardio-vuscular disease 15 grass (?)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?

.2 age 22. I hereby certify that I attended the deceased from 3/10., 1938, to 3/30, 1955, that I last saw the deceased alive on, correct

and that death occurred at 7.20 A.M., from the causes and on the date stated above.
ADDRESS
DATE SIGNED SIGNATURE DATE THEREOF CREMATION NAME OF CEMETERY (State)

BURIAL, REMOVAL UTIAL 2/55 Rose Cemetery Hagerstown

24. FUNERAL DIRECTOR ADDRE Andrew K. Coffman Hagerstown

BUREAU V. L.

THE RESERVE AND A STATE OF THE PARTY OF THE

DECEINED SECTION

	MAE	
	I	
Š	— 10 - 53	

3113	CERTIFICAT	E OF DEATH Reg. Dist	No. 302
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASE	
COUNTY Wash.	MARYLAND	STATE Md. COUNTY Was	
OR and give nearest to Hagerst	te limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL a TOWN SMITHSBURG	and give nearest to
HOSPITAL OR INSTITUTION OR STREET ADDRESS WE	ashington Co. Hospital	STREET (If rural give location)  F. WATER ST.	1
3. NAME OF DECEASED: (Type or Print)	st) Boy (Middle)	HORN 4. DATE (Month) (1)	Dny) (Year) 25 19 5
male white	WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	
NOA. USUAL OCCUPATION ( work done during most of v even if retired):	Give kind of OB. KIND OF BUSINESS OR INDUSTRY:	Hagerstown, Md.	CITIZEN OF WI
James I	Horn	14. MOTHER'S MAIDEN NAME: Erma Stou	ıgh
(Yes, no, or unk.) (If Yes, giv no		Mrs. Erma Horn, Smithsbur	g, Md.
	18. MEDICAL CERTIFICA	TION	INTERVAL BETW
762.5	DNS DIRECTLY LEADING TO DEATH	y Hyolin hubon	a4 hm.
ANTECEDENT CAUSE	(S) DUE TO	0	
DISEASES OR CONDITIONS GIVING RISE TO THE ABOVE STATING UNDERLYING CA	VE CAUSE DUE TO	Prince of the second	
	(c)		
TO THE DEATH BUT NOT DISEASE OR CONDITION			13/11/11/20
19A. DATE OF OPERATION:	198. MAJOR FINDINGS OF OPERATIO	ON .	20. AUTOPS
			YES NO
	RLYING   218. PLACE (Home, farm, fac		(State)
OR CONTRIBUTING CAUSE	OF DEATH OF INJURY street, office bldg.	., etc. INJURY OCCUR?	
21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 21D. TIME (Month) (Day) ( OF INJURY	OF DEATH OF INJURY street, office bldg.		
OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 21D. TIME (Month) (Day) (OF INJURY)  22. I hereby certify that	Year) (Hour) 21E INJURY OCCURRE While Not while at work  I attended the deceased from 3  , 19.36, and that death occurred at	7 , 1955, to 3/25, 1955, that I last the Causes and on the date ADDRESS	
OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAMPLE)  21D. TIME (Month) (Day) (OF INJURY)  22. I hereby certify that alive on	Year) (Hour) 21E INJURY OCCURRE While Not while at work  I attended the deceased from 3  , 19.5, and that death occurred at	D   21F. HOW DID INJURY OCCUR?  24, 1955, to 3/25, 1955, that I last	stated above. TE SIGNED

BUREAU V. S.

The first service and the service of the service of

270' 6S AAM

BECEINED

The

Supply every item of information carefully.

especially important. Physicians: please write the causes of death clearly and legibly.

OR WRITE PLAINLY, WITH UNFADING INK.

.02

SE TYPE O

PLEASE

## · MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MORE, 18 (13105

3114	CERTIFICATE	E OF DEAT	CH	Reg. Dist. No	302
1. PLACE OF DEATH: county Washington	MARYLAND	2. USUAL RESIDE	COUNTY	400	on
CITY (If outside corporate limits, write OR and give nearest town)  Agerstown		CITY(If outside of	corporate limits, write		ive nearest town)
HOSPITAL OR INSTITUTION OR WASh. COU	nty Hospital	STREET ADDRESS Pa	(If rural si	ve location)	- /
3. NAME OF (First) DECEASED: (Type or Print) NETTIE	BLANCHE HOL	(Last) JSE		March 14	(Year) 19195
Fema; e -hite (Specifor	idow Jan	y 14 1879	9. AGE last birthday 76 yrs.	Months Days	Hours Min.
work done during most of working life.	or industry: Wn Home	Fiddless	burg Md.	COU	ZEN OF WHAT NTRY? SA
William Leckron		Eurilla	2.1		
(Yes, no, or unk.) (If Yes, give war or dates of service)	None	Clarence			
I DISEASES OR CONDITIONS DIRECTLY  H20./ IMMEDIATE CAUSE  ANTECEDENT CAUSE (5)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(A) DUE TO (B) DUE TO (C)	e Ja	elun	-	SET AND DEATH
II OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING I 19A. DATE OF OPERATION:   198. MAJOR	THE DEATH,				
	FINDINGS OF OPERATION			20 YE	S NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1B. PLACE (Home, farm, fact F INJURY street, office bldg.,	etc. INJURY OCCUP		(County)	(State)
2ID. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRED While Not while at work	21F. HOW DID II	NJURY OCCURI		
22. I hereby certify that I attended to alive on SIGNATURE 19, and	that death occurred at	M, from the Address	e causes and on		
23. BURIAL, CREMATION, DATE THERE REMOVAL (SPECIFY) Burial 3/17/	NAME OF CEMETE	Cemetery	Hagersto		nty) (State)
DATE REC'D BY LOCAL REGISTRAR REGISTRAR	S SIGNATURE HOSEVERS	ndrew K.		AC	opress wn Md



Andrew K. Coffman Hagerstown Md.

A15-10-53

DATE REC'D BY LOCAL REALSTRANGE, 14.1955

• 3115 CERTIFICATE	E OF DEATH Reg. Dist.	No. 302
. PLACE OF DEATH:	2. NEVALTESIDENCE (HOME) OF BECEASED	ton
COUNTY Washington MARYLAND	STATE COUNTY	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL an	d give nearest town)
OR and give nearest town) (in this place)  TOWN Hagerstown 20 Yrs	OR TOWN Hagerstown	03
HOSPITAL OR	STREET (If rural give location)	/ 9
STREET ADDRESS 44 McKee Ave	ADDRESS 44 McKee Ave	9 4
	(Last) 4. DATE (Month) (Da	ny) (Year)
DECEASED: (Type or Print) ROBERTA BANFORD HEC		1 1955
SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 YE	
Fenale   White   Specificarried   May	25 1895 59 yrs. Months Da	
NA. USUAL OCCUPATION (Give kind of North done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. C	ITIZEN OF WHAT
eveHigherewife Own Home	Sharpsburg Md.	USA
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William Marker	Maggie Reel	
. WAS DECEASED EVER IN U.S. ARMED FORCES!   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
Yes, no, or unk.) (If Yes, give war or dates of service)	Vernon W. Heck	
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
HACE IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  IN DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  (A)  DUE TO	y orchisio	ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, (B)	a relevan	3 year
STATING UNDERLYING CAUSE LAST. DUE TO	-	0
(c) arteum	luni	ankon
TO THE DEATH BUT NOT RELATED TO THE	edial infaretion be 1	2
DISEASE OR CONDITION CAUSING DEATH.	idid infanction , healed	
9A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?
IA. ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, fact R CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	(State)
1D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	21F. HOW DID INJURY OCCUR?	
2. I hereby certify that I attended the deceased from Man	15, 1913, to Much 11, 1912 that I last	saw the deceased
alive on Mark /1, 1917, and that death occurred at SIGNATURE	& 300M, from the causes and on the date si	
3. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or	county) (State)
REMOVAL (SPECIFY)	0.0	d.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS



BUREAU V. E.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTI	MORE, 18 (1310)	1
2110	CERTIFICATE	OF DEATH	Hirshman 30	)2

3118	CERTIFICAT	TE OF DEATH Reg. Dis	
1. PLACE OF DEATH:		2. NETHER BENCE (HOME) OF DECEASE	D:
COUNTY Washington	MARYLAND	STATE COUNTY	on
CITY (If outside corporate limits, write R OR and give nearest town) JTOWN Hagerstown		CITYLIC outside company to limite mais. DYD 41	and give nearest town)
HOSPITAL OR		STREET (If rural give location	) 1
	nnon Ave	ADDRESS 337 So Cannon Ave	
12372		PHILL OF DEATH: Mar	(Day) (Year) 26 1955
Fenale 6. COLOR OR 7. SINGLE. WIDOWE (Specify)	D DIVORCED	V 2 1867 9, AGE last birthday Frunder Months	Days Hours Min.
10A. USUAL OCCUPATION Give kind of work done during most of working life.		Sharpsburg Md.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	1732 2-0440	14. MOTHER'S MAIDEN NAME:	00%
Josiah T. Staubs		Savilla C. Zimmerman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES!	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	<u> </u>
(Yes, no, or unk.) (If Yes, give war or dates of service)	None	Mrs Paul M. Kline	
1	8. MEDICAL CERTIFIC		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY : 420.0 IMMEDIATE CAUSE	(A) Miss	relative Heart Viscone	ONSET AND DEATH
ANTECEDENT CAUSE (S)	UE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B)		
II OTHER SIGNIFICANT CONDITIONS CO	(C)		
TO THE DEATH BUT NOT RELATED TO	THE		
DISEASE OR CONDITION CAUSING DE	ATHFINDINGS OF OPERATI	ION	
	THE STATE OF THE STATE		YES NO
OR CONTRIBUTING CAUSE OF DEATH OF	INJURY street, office bld		nty) (State)
210. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work at work	ED 21F. HOW DID INJURY OCCUR?	
alive on fluid in 1613, and SIGNATURE	e deceased from that death occurred		
23. BURIAL, CEMATION. DATE THEREOREMOVAL (SPECIFY) 3/29/55		Cenetery Shappsburg Md	or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S PHINES. 28. 1955 CHASH	SIGNATURE	Andrew K. Coffnan Hagers	ADDRESS town Md.

WAR 30 1955

PUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2117 CERTIFICATE OF DEATH

Reg. Dist. No.

5117	1405.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Washington MARYLAND	STATE Maryland COUN	wash.
CITY (If outside corporete limits write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL an	d give nearest town)
3 OR and give nearest town) TOWN Hagerstown (in this place) Live K	Town Hagerstown and St.	03
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital	STREET (If rural give location) tal 126 West Howard S	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day	(Year)
(Type or Print) George nerman ner be	DEATH: MALIGH 29	
Male White (Specify): Marries May	of Birtii:  9. AGE last birthday: If UNDER I YE  46 yrs. Morths 23	Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Sheet Metal Aircraft	t Eastern Shore Maryland	CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: WORKER	14. MOTHER'S MAIDEN NAME:	
George Herbert	Anna Belle Pitzer	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17.	INFORMANT & ADDRESS: eorge Herbert Jr. Williamsp	ort, Md.
18. MEDICAL CERTIFICATION	ON	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  /8/X  Immediate cause (a)	the Cancinoma	Onset And Death
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  DUE TO  Outcome  (b)  Outcome  (b)  Outcome  (b)  Outcome  (b)	ioma Bladder	6 mos
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	11-11-11-11-11-11-11-11-11-11-11-11-11-	20. AUTOPSY ?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m.	HOW DID INJURY OCÇUR ?	
22. I hereby certify that I attended the deceased from	,1955, to 3/29, 1933, that I last	saw the deceased
alive on 3/29, 1955, and that death occurred at	from the causes and on the date ADDRESS	stated above.
Kobert Vh. Campbell M.F.	). Idagens burn Md 3	/30/5 J unty) (State)
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER BURIAL (Specify) April 1,1955 Greenlawn	RY OR CREMATORY LOCATION (City, town, or co Williamsport,	Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNAPORE	24. FUNERAL DIRECTOR Albert L. Leaf Williamspo	
Marie	WINGILL D. Degi HITTITHED	T O STACE

VS. A15

PLEASE WRITE PLAINLY,

9961 & AdV



### MARYLAND STATE DEPARTMENT OF HEALTH

3118

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

302 Reg. Dist. No.

1. PLACE OF DEAT			2. USUAL RESIDENCE (H	IOME) OF DECEAS	ED. COUNTY,
	Washington	MARYLAND	Marvla	nd	washington
CITY (If outside of	orporate limits, write RUR	AL and LENGTH OF STAY	OR CITY (If outside corpora	ite limits, write RUR	L and give nearest town)
J TOWN	Hagers to	wn (ing this place)	TOWN Hagers		03
HUSPILAL UK			STREET ADDRESS	(If rural, give le	
	ss wasning ton	Co. Hospital	610	West Fra	anklin Street
3. NAME OF DECEASED	(First)	(Middle)	(Last)	OF	onth) (Day) (Year)
(Type or Print)	Lena	Blanche	Herbert	DEATH WILL	arch 31 155
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	April 9 1892	9. AGE last hirthday 62	If under 1 year   If under 24 hrs.   Months   Days   Hours   Min.
done during most of	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Park Head .	lartland	12. CITIZEN OF WHAT
13. FATHER'S NAM	(E	•	14. MOTHER'S MAIDEN	NAME	
·	John W. Mc A	llæster	Georg	ganaa Wea	ver
	VER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(If yes, give war or dates leervice) None	° 219-20-2807	Howard	Herbert	
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY,	BEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
1		Carcarona 6	7 Laublaso	0.	1/22/ACD
155 mmediat	e cause (a)	Carcuoma o	L sun orage	XUX	4 rumhs.
Diseases or giving rise t	nf cause(s) conditions, if any, o the above cause underlying cause last (c)		<u> </u>	***************************************	
Conditions contribu	ICANT CONDITIONS uting to the death but not use or condition causing deat	th.	Emple		
192. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION	bladder with me	ta fatism	read 20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN)	COUNTY) (STATE)
TIME (Month)		INJURY OCCURRED	HOW DID INJURY OCC	CURT	
OF INJURY	m.	While at Not While Work At work			
	ify that I attended th	7/1.	, 1954, to 31 Man	ch 19.55 that	I last saw the deceased
21	Minula .55	141 4 1 41 - 14	11 9//		
SIGNATURE	1950, ar	d that death occurred at	ADDRESS	causes and on the	date stated above.  DATE SIGNED
Old Mills	9/0/-	- 10 118 111	1.4	201	O. C. SIGNED
leve	Haak 1	ny. Itel	lawyno8t,	ma	21 March 55
23. BURIAL, CREM REMOVAL (Spec	ATION DATE THERE	NAME OF CEMETE		OCATION (City, town	
DATE REC'D BY	1 - 7 - 0 7 - 0 0		24. FUNERAL DIRECTO	agerstown	ADDRESS
agov. 1.19		HBowers	Andrew K. Cof		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

יו ווער

BECEINED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

53
10
A15
K

	YLAND STATE I				
31.	19 CER	TIFICATE	OF DEAT	H Reg.	Dist. No. 302
1. PLACE OF DEATH:			2. USUAL RESIDEN	CE (HOME) OF DECE	ASED:
COUNTY Washingt CITY (If outside corpora OR and give nearest to	te limits, write RURAL	ARYLAND LENGTH OF STAY (in this place) 42 VTS	OR		Shington RAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 636			STREET ADDRESS 636	(If rural give local Washington Av	
3. NAME OF (Fir	ward (Midd)	le) (	Last) Herrman <b>n</b>	4. DATE (Month) OF DEATH: Mare	(Day) (Year) 22 19 55
	R 7. SINGLE, MARRIE WIDOWED, DIVO (Specify): Marr	D. 8. DATE	of BIRTH: 9. ch 21, 1893	AGE last birthday 15 UND 62yrs. Month	DER 1 YEAR   IF UNDER 24 HRS.
work done during most of even Beered Distrib	working life. OR IN	of Business IDUSTRY: In own busin	ess Latrobe,		U.S.A.
	p Herrman/			rine Phoebe Cr	amer
(Yes, no, or unk.) (If Yes, giv of service)		AL SECURITY NO.	Mrs. Edward	Address: Herrman Hager	stown, Md.
I DISEASES OR CONDITIO		ICAL CERTIFICAT	ION		INTERVAL BETWEEN
420.1	E (A) _		io sclerotic o		ONSET AND DEATH
ANTECEDENT CAUSE DISEASES OR CONDITIONS GIVING RISE TO THE ABO STATING UNDERLYING CA			heart diseas	e	3yrs
1260x)	VE CAUSE NUSE LAST. DUE TO		e coronary occ	clusion	l½hrs
TO THE DEATH BUT NOT DISEASE OR CONDITION	RELATED TO THE N CAUSING DEATH	Diabe			8yrs
19A. DATE OF OPERATION:  21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER. NOTIFY MEDICAL EXAMPLE)  21D. TIME (Month) (Day) (DELINING)	198. MAJOR FINDING	GS OF OPERATION			YES NO
21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX		E (Home, farm, fact street, office bldg.,	etc. INJURY OCCUR?	(City or town)	County) (State)
OF INJURY Would	M. While at work				
22. I hereby certify that alive on 3-2/ SIGNATURE  23. BURIAL. CREMATION. REMOVAL (SPECIFY)		eath occurred at	Zi/O M, from the ADDRESS	causes and on the dac St-Hag Monator Location (Cips. tow	DATE SIGNED
Burial Date rec'd by Local	3-24-1955	Rose Hill C	24. FUNERAL DIR	Hagerstown, Mector Sons, Hagerst	ADDRESS

The second section of the second

DE LEGISCHTARE FERTAND TO TRANSPORT OF STATE ARE STATE

LAKE AND THE PERSON AND DESCRIPTIONS OF THE PERSON OF THE

2391 8S AAM The same of the sa

53	
- 10	
1	
A15	
VS.	

. The	MARYLAND STATE DEPARTMEN 3120  Them 16: Film G179 3 billion CERTIFICATI	T OF HEALTH—BALTIMORE, 18 E OF DEATH Reg. Dis	()3111 1. No.
carefully legibly.	1. PLACE OF DEATH:  COUNTY Washington MARYLAND	STATE COUNTY	ington
	CITY (If outside corporate limits, write RURAL or and rive nearest town)  Town Hagerstown  3 Weeks	CITY(If outside corporate limits, write RURAL OR TOWN Hagerstown	03
information clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital	STREET (If rural give location ADDRESS 121 South Locust	Street
of ath	3. NAME OF (First) (Middle) DECEASED: (Type or Print) Joseph Herbert Hi	nes of DEATH: March	(Day) (Year) 10 1955
it of	ale White Spellfried Oct,	30,1879 75 yrs.	Days Hours Min.
y every	10A. USUAL OCCUPATION (Give kind of the work done during most of working life. OR INDUSTRY:	Locust Grove, Md.	COUNTRY?
Supply ite the	Joseph Hines	14. MOTHER'S MAIDEN NAME: Susan Ellen	
INK. Su	(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Mary A. Hines	
DING	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	te Anemia -	ONSET AND DEATH
WITH UNFAI	ANTECEDENT CAUSE (S:  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  (B)  DUE TO		
~ 2	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	a Thema Vera	5 yra
3	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
WRITE PI especially	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		nty) (State)
> 70	21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	16 - 2 -	
SE TYPE OR	SIGNATURE MUPILLELEN M	, 190, to Many, 191, that I las	
LEASE	REMOVAL (SPECIFY)	en Cemetery Hagerstown	r county) (State)
PL	PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE PROSTRAR 21/955 Frank Develo	Andrew K. Coffman Hager	address stown, Md.

SECT ST MAN

DECEDACED

VS. A15-10-53

	The
	carefully.
1	information
	of
	item
	every
	Supply
	INK.
	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The
	WITH
1	PLAINLY,
	WRITE
	OR
	TYPE (
	PLEASE

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMO	ORE,	18	03	11
3121	CEI	RTIFICATE	OF	DEATH	Reg.	Dist.	No.	3

1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF	DECEASED:	
COUNTY Washington MARY	LAND	STATE Md	• COUNT	wash	
CITY (If outside corporate limits, write RURAL) LEN	GTH OF STAY	CITY(If outside	corporate limits, wri		give nearest town
6 STOMM	n this place)	OR TOWN H	agerstown		0.2
Hagerstown Hospital or	2 weeks	STREET		rive location)	00
A INSTITUTION OR	7	ADDRESS			
I STREET ADDRESS Washington Co. Hosp.	ital	4	14 McDowell	Ave.,	
3. NAME OF (First) (Middle)		(Last)	4. DATE (Me	onth) (Da	y) (Year)
(Type or Print) Adolph C	Но	ttle	OF DEATH:	3 23	19 55
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED.	8. DATE	OF BIRTH:	9. AGE last birthday		
male white WIDOWED, DIVORCE (Specify): widowe	d Annil	1 1880	74 yrs.	Months Day	Hours   Min.
OA. USUAL OCCUPATION (Give kind of) IOB. KIND OF	BUSINESS	II. BIRTHPLACE	(State or foreign cou	ntry):  12. C	ITIZEN OF WHAT
OA. USUAL OCCUPATION (Give kind of work done during most of working life, or INDU:	STRY:			C	OUNTRY?
even if retired): farmer Holzapfel	Farm	Woodsto			U.S.A.
13. FATHER'S NAME:		14. MOTHER'S M			
Unknown			Unknown		
	ECURITY NO.	17. INFORMANT	& ADDRESS:		
Yes, no, or unk.) (If Yes, give war or dates of service) 219-20	-4776	Richard Ma	nspeaker	Hagersto	wn, Md.
DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	3				
DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION: 19a. MAJOR FINDINGS	OF OPERATION	1			20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (FOR CONTRIBUTING CAUSE OF DEATH OF INJURY SERVICE (FOR EXAMINER)	lome, farm, fact reet, office bldg.,	etc. INJURY OCCU	DID (City or town)	(County)	
DE TIME (Month) (Day) (Year) (Hour) 21E INJUF While M. at work	Not while at work	21F. HOW DID	INJURY OCCUR?		
Burial 3-26-55	ME OF CEMETE	M, from the ADDRESS OF CREMATOR	the causes and on	the date st	signed above. Signed
DATE REC'D BY LOCAL REGISTRAR'S SIGNATUR	vers	24. FUNERAL			ADDRESS
THAT GALL TOOL	U-C-	I Fred W. Kr	aiss Hager	stown M	d .

DECEDAED

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3146 C	ERTIFICATE	$\mathbf{OF}$	DEATH	
--------	------------	---------------	-------	--

Reg. Dist. No. 305

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	);
COUNTY WASHINGTON MARYLAND	STATE MARYLAND COUNTY WAS	ALNICATAN
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	
OR and give nearest town) (in this place)	OR TOWN	
KOICAL 126 VIEARS	KORAL	X
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	1
STREET ADDRESS BOONSBORO MD. R.2	BOONSBORO MO.	12.2.
		Ony) (Year)
DECEASED:	UTZELL OF DEATH: INARCH	.,
5. SEX:  6. COLOR OR  7. SINGLE, MARRIED,   8. DATE	OF BIRTH:   9. AGE last birthday   IF UNDER 1 Y	
RACE: WIDOWED, DIVORCED, (Specify):	Months D	ays Hours   Min.
MALE WHITE DIVORCED FEBROA	11. BIRTHPLACE (State or foreign country): 12.	
WORK done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State of foreign country): 12,	COUNTRY?
even if retired): RETIRED FARMER - OWN FARM	FREDERICK COUNTY MD.	U15.4 .
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
lange Huge at t	() ( ) ( ) ( ) ( ) ( ) ( ) ( )	
SONAS HUTZELL  IS. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates	The state of the s	
No of service) NONE	CLIFFORD HUTZELL BOONSE	ORO MO, RIZ
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
434.1	0/ 13 7	5.
IMMEDIATE CAUSE (A)	he theat Kuluna	& has. 11day
ANTECEDENT CAUSE (\$)		
	Mula	le u
GIVING RISE TO THE ABOVE CAUSE DUE TO		- 4
STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
		YES NO
		1
21a. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, fact OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (Count INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY While While at work at work		
m, last the second seco		
22. I hereby certify that I attended the deceased from how.	, 195%, to march, 195%, that I last	saw the deceased
alive on help 28. 1955, and that death occurred at	H-15 A.M from the causes and on the date :	stated shove
SIGNATURE		E SIGNED
Attack hade	- 13. h. h.	L 2.1950.
	ERY OR CREMATORY   LOCATION (City, town, or	
REMOVAL (SPECIFY)		
BURIAL MARCH. 4. 1955 BOONSBOR	O CEMBTERY BOONSBURG WAS	H. CO.MD.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR March 4.1955 John &. Boul	WM. F. BAST AND SONS BOOM	san Mo
Mary A. Lange	THE THAT HAN SOME INOUN	ייוטי

PECEIVED RAM

BUREAU V. S.

2	1	0	9
U	1	641	4

MARGIN RESERVED FOR BINDING

VS. A15-10-53

	3122 CERTIFICATI	E OF DEATH Reg. Dist	. No. 2
information carefully clearly and legibly.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME.) OF DECEASE	D:
e ii	COUNTY Washington MARYLAND	STATE Maryland COUNTY Wash	ington
ca	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
tion	OR and give nearest town) (in this place)  35vr.	TOWN Hagerstown, Marylan	d. 03
na	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	1
nforma	STREET ADDRESS 37 W. North Street	37 W. North Stree	t.
	3. NAME OF (First) (Middle)		Day) (Year)
m of death	(Type or Print) Edward Clinton	Jackson OF DEATH: Mar	231 1955
item of of death	5. SEX:   6. COLOR OR   7. SINGLE. MARRIED.   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1	
	Male Negro (Specify): Married July	22 1878 76 yrs.	
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
9 8	even if retired): Gardner Private family		SA.
Supply ite the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Sup e t	Aaron Jackson	Virginia Grav	
. 3.4	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:	
	(Yes, no, or unk.) (If Yes, give war or dates of service) 32-160-668	Wmg Towing Toolson 75 W	37 41
G IN ease	18. MEDICAL CERTIFICAT	Mrs. Louise Jackson, 37 W	INTERVAL BETWEEN
NG	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IQ	002X	77	
UNFADING sicians: plea	IMMEDIATE CAUSE (A)	my 1.73	2 pus
Cia Z	ANTECEDENT CAUSE (S)		
TH UNFA	DISEASES OR CONDITIONS, IF ANY. (B)		
H.H.	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
$\vdash$	(C)		
~ 03	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
LY	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
N du	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
P1			YES NO 2
PI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac	tory, 21c. WHERE DID (City or town) (Count	
WRITE PI especially	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?	(State)
RI	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
- m	OF INJURY While M. While at work at work		
0 0	22. I hereby certify that I attended the deceased from 2 -	, to 3 - 3-4, 1965, that I last	saw the deceased
田島	alive on 3-33 , 1955 , and that death occurred at		
TYPE rect ag	SIGNATURE SIGNATURE	ADDRESS DA1	E SIGNED
	4. SW Sulton	Agerstan My	3/
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CHEMATORY   LOCATION (City, town, or	county) (State)
PLEA	Burial Mar 26 1955 Telson Cer	netery Sharpsburg, Ma	aryland
7	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE		ADDRESS



Titue A Hallone In The

THE LIE OF THE PERSON OF THE PARTY OF

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH	Washing	<i>A</i>	2. USUAL RESIDENCE (	HOME) OF DECEASI	ED. COUNTY
CIMIY (14 14	11001000	MARYLAND	maryland	0	COUNTY
/ Un 20/0. Descript	orporate limits, write RUR.	AL and   LENGTH OF STAY (in this place)	II OR		AL and give nearest town)
TOWN VELL	al rugersion	n 2 weeks		berland	01-02-2
HOSPITAL OR INSTITUTION O	R Yath would	onvalescent Hom	STREET ADDRESS	(If rural, give le	ocation)
STREET ADDRE	SS Vacator /CE	outed	235	averett a	we V
3. NAME OF DECEASED	(Eing) t	(Middle)	11 / (Last)	4. DATE (M	onth) (Day) (Year)
(Type or Print)	Jarrick		/lean	DEATH //4	arch 11, 1955
6. SEX M.	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Westerged	Man. 144 1867	9. AGE last birthday 87 yrs.	If under I year   If under 24 hrs   Months   Days   Hours   Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
aone during most of v	vorking life, even if retired)	INDUSTRY Hotel	Cumberland	, md.	COUNTRY?
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN		
Patri	ch E. Kear		I many n	nulligan	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	7   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDIEGO	- 7 6.0
(Yes, no, or unknown)	(If yes, give war or dates of pervice) W. W. I	none		711	avent are uch.
		18. MEDICAL CE		1	
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
1/22.1	/	Myogan	D. 0 M.	0.	ORBEI AND DEATH
Immediat	e cause (a)	1140 can	dial ye	aroan	6mo.
Autorida	-A(-)	OTA:	nd D	(	
	nt cause(s) conditions, if any. (b)	Certerial	Ocher	raca	10 year
giving rise to	the above cause inderlying cause last			◆ T 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	V
newering cue of	(c)				
II. OTHER SIGNIFI	CANT CONDITIONS				
Conditions contribu	iting to the death but not se or condition causing deat				
		INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT	(Specify)   PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) ((	COUNTY) (STATE)
SUICIDE HOMICIDE	OF INJ	office bidg., etc.) IRY			(BIRIE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
INJURY	m.	Work  At work			
22. I hereby cert	ify that I attended the	e deceased from Feb. 2	4, 1955, to Ma	2.11, 19.5.5, that	I last saw the deceased
aliva on M	W 11. 10.55 an	d that death occurred at. /	1.45 Pm from the	source and on the	data stated about
SIGNATURE	10.XXX, 811	(Degree or title)	ADDRESS	causes and on the	DATE SIGNED
dav	id & Dre	wer M.D.	Clear &	bring M	1d. 3/14/55
23. BURIAL, CREM				LOCATION (City, town	n, or county) (State)
REMOVAL (Spec	3/15/	55 . Phi		Western	at md
DATE REC'D BY		SIGNATURE	24. FUNERAL DIRECTO	OR	ADDRESS
March 14.19	255 /ha	rles Bowers	Sous Stein	. Inc. a.	unbereard my
' <del></del>	1,78 17/20	13			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

# BECEINED

BUREAU V. S.

2301 88 AAM

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () 3116

3123 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Washington MARYLAND	STATE Maryland county Washington	
CITY (If outside corporate limits, write RURAL  LENGTH OF STAY	CITY(If outside corporate limita, write RURAL and give nes	rest town)
OR and give nearest town) TOWN Hagerstown 27 years	or town Hagerstown	0.50
HOSPITAL OR	110201000111	0.5
INSTITUTION OR 345 North Potomac Street	ADDRESS 345 North Potomac Street	1
		Year)
		955
Female White (Specify): Single May 14	1880 74 yrs. Months Daya Hours	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework	Hagerstown Martland U.S.A	7
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	•
D Franklin Vallar	Helen Hughes	
B. Franklin Keller  15. Was Deceased Ever in U.S. Armed Forcest   16. Social Security No.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates 220_26_5076		Ma
of service)	Mrs, Elizabeth Shervin Hagerstown,	ride
DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  DUE TO  DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION		
	2O. AU YES	NO NO
21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, factor OF CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	10
		State)
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	1
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work 22. I hereby certify that I attended the deceased from 3/8 alive on 3/8/15/15/15/15/15/15/15/15/15/15/15/15/15/	M, from the causes and on the date stated about BATE SIGNED	State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work at work alive on SIGNATURE 19, and that death occurred at SIGNATURE NAME OF CEMETE	7/5 × 19 , to 5/8/11, 19 , that I last saw the 3 M, from the causes and on the date stated about	State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while 22. I hereby certify that I attended the deceased from 3/8 alive on 3/8/15/15, 19, and that death occurred at SIGNATURE	M, from the causes and on the date stated about the signed by the stated about the signed by the sig	deceased  Ove. (State)

A ST AAM

BUREAU V. S.

A CONTROL OF THE PROPERTY OF T

The

carefully. legibly

death clearly and item of information

of

write INK.

please

Physicians

important.

especially

S. OR

age TYPE

correct

every causes

Supply the

ADING

UNF

1

PLAINLY

WRITE

SE

PLEA

MARYLAND STATE DEPARTMENT	r of health—baltimore, 18 (13117
Dr. E.W. Ditto, Jr. CERTIFICATE	
LACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
ounty Washington MARYLAND	STATE Mazyland county Washington
ITY (If outside corporate limits, write RURAL and give nearest town) OWN Hagerstown  Gin this place) 34 yrs.	CITY(If outside corporate limits, write RURAL and give nearest town OR TOWN Hagerstown
ospital or estitution or treet address 833 Maryland Ave.	STREET (If rural give location) ADDRESS 833 Maryland Ave.
ECEASED: Type or Print) THOMAS MOTTER KREO	Last)  4. DATE (Month) (Day) (Year)  OF DEATH: March 3, 19 55
EX:   6, COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR HOURS 24 HRS. 1 16, 1875 79 yrs. Months Days Hours Min.
USUAL OCCUPATION (Give kind of or look done during most of working life. or INDUSTRY: een if retice of the or	BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Biggs Wayberry, Maryland U.S.A.
ATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John A. Kregelo	Barbara J. Fair

S D OA. I ev 13. F (Yes, no, or unk.) (If Yes, give war Josphine F. Kregelo MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (A) EDIATE CAUSE DUE TO ANTECEDENT CAUSE (5) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19A. DATE OF OPERATION: MAJOR FINDINGS OF OPERATION 19B. 20. AUTOPSY? NOL 218. PLACE (Home, farm, factory. OF INJURY street, office bldg., etc. 21A. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH 21c. WHERE DID (City or town) (County) (State) INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? Not while OF INJURY While at work at work 22. I hereby certify that I attended the deceased from 2-20 , 1955, to 3 - 7, 1955, that I last saw the deceased and that death occurred at 5% M, from the causes and on the date stated above. alive on SIGNATURE NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION. THEREOF LOCATION (City, town, or county) REMOVAL (SPECIFY) Rose Hill Cemetery Buria 3-6-55 Hagerstown Mid. 24. FUNERAL DIRECTOR ADDRESS

DATE REC'D BY LOCAL

Andrew K. Coffman-Hagerstown,

2361 7 AAM

BECEIVED

UNFADING INK.

WITH

OR WRITE PLAINLY,

TYPE

PLEASE

A15-

Supply every item of information carefully. The

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3125 CERTIFICATE OF DEATH

RE, 18 ()3118 Reg. Dist. No. 302

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
gib	COUNTY Washington MARYLAND	STATE Maryland COUNTY Washington
death clearly and legibly	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town
and	OR and give nearest town) Hagerstown 12 hrs.	Town Hagerstown 03
Y	HOSPITAL OR	STREET (If rural give location)
ar	8 STREET ADDRESS Washington Co. Hospital	720 Guilford Avenue
cle		(Last)   4. DATE (Month) (Day) (Year)
th	DECEASED: Dehine	OF
dea	(1) pc 01 1 11110)	OF BIRTH: 9. AGE last birthday if under 1 year if under 24 Hrs.
of	Male White Specify Married Oct.	16, 1892 62 yrs. Months Days Hours Min.
write the causes	work done during most of working life.  even if Erigethe Inspector  W. M. R. R. Co.	Durants Neck, North Carolina U.S.A.
)e	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
te th	William Jackson Landing	Arbecia Robins
wri	(Yes, no, or unk.) (If Yes, kive war or dates	17. INFORMANT & ADDRESS:
e	Yes of service) W. #1 705-10-4638	Mrs. Lelia Landing, Hagerstown, Md.
please	18. MEDICAL CERTIFICAT	ION INTERVAL BETWEEN
D	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Physicians:	153 MMEDIATE CAUSE (A) adeno-carc	inoma Segmoid with 14r+
cia	ANTECEDENT CAUSE (S)	in had.
ysi	GIVING RISE TO THE ABOVE CAUSE	MC198 1950
	STATING UNDERLYING CAUSE LAST.	
nt.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
rta	TO THE DEATH BUT NOT RELATED TO THE	
pol	DISEASE OR CONDITION CAUSING DEATH.	
E/	- M 1-	20. AUTOPSY7 YES NO [V]
lly	2 Mars 3 adeno curemmy segment	
especially important.	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OR CONTRIBUTING   CALLE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
esī	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?
502 203	M.   at work   at work	M -
age	22. I hereby certify that I attended the deceased from 10 40	1, 1950, to 19 Mar., 1950, that I last saw the decease
	alive on /9/Mor, 1955, and that death occurred at	450 PM, from the causes and on the date stated above.
ect	ADDRESS DATE SIGNED	
correct		. o. 230 NKM may 21 Mar 53
O	DEMOVAL (COECIEV)	ERY OR CREMATORY LOCATION (City, town, or county) (State
	Burial 3-22-1955 Cedar Hill	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR ADDRESS
	Marini as reprosentingen	C. M. Suter & Sons, Hagerstown, Md.

The Year of the State of the Parish and the State of the

BUREAU V. S.

WAR 23 1955

Φ	MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	0.9113
7. The	3148 CERTIFICATI		No. 303
carefully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	
carefull legibly	COUNTY Washington MARYLAND	STATE Md. COUNTY Washin	ngton
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY and give nearest town)	CITY(If outside corporate limits, write RURAL a	
tion	Hagerstown rural 26 mgs.	OR TOWN Hagerstown	03
item of information of death clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home	STREET (If rural give location) ADDRESS 17 N. Mulberry St.,	/
ini h el	3. NAME OF (First) (Middle)		Day) (Year)
m of death	DECEASED: (Type or Print) George	ias Jr. OF DEATH: 3	1 19 55
Supply every item	male white (Specify): widowed March	OF BIRTH: 9. AGE last birthday Months E	Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired painter	11. BIRTHPLACE (State or foreign country): 12. Hagerstown Md.	CITIZEN OF WHAT
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Sur te t	George Lias Sr.	Sarah Cunningham	
. 2	(Yes, no, or unk.) (If Yes, give war or dates of service) 18. Social Sedurity No.	Frank M. Lias Hagerstown, Md	•
TH UNFADING INK Physicians: please w	ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B)	Vasaular Disease	ELLY YEAR
_	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Herma - Henorthuds - May Aroalle	Sectots
3 ()	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS COF OPERATIO		20. AUTOPSY?
WRITE PI especially	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac OF CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg.,	ctory. 21c. WHERE DID (City or town) (Coun	(State)
> m	OF INJURY  OF Work  OF Work  M.  OCCURRED  While at work  OCCURRED  Not while at work	D 21F. HOW DID INJURY OCCUR?	
SE TYPE OR	alive on January 8, 1955, and that death occurred at	12., 1957, to Mer. 1, 1955, that I last 8434. M, from the causes and on the date news of ADDRESS DA. A.D. 445 A. Mashington St Naggriston	
PLEASE	REMOVAL (SPECIFY)	ERY OR CREMATORY   LOCATION (City, town, or	
E E	Burial 3-3-55 Rose Hill	Hagerstown	Md.
4	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR LEVELY M. FORKLING	Fred W. Kraiss Hagerstown,	Md.

SEGI BI MAM

DECENTED

24. FUNERAL DIRECTOR

C. M. Suter & Sons

Hagerstown, Maryland

DATE, REC'D BY LOCAL

S

REGISTRAR'S SIGNATURE

with the internal content and the state of t

2261 91 AAM

BECEINED

層

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3149

### CERTIFICATE OF DEATH

Reg. Dist. No.

3149	CERTIFIC	ATE OF DE	EATH	Reg. Di	st. No.
I. PLACE OF DEATH:		1 2. USUAL RES	IDENCE (HOME) (	OF DECEASED:	
WF . }					
COUNTY Washington CITY (If outside corporate limits, w	MARYLAN		ryland Washi		unty and give nearest town)
OR and give nearest town)	(in this pl	ace) OR			and give nearest town)
HOSPITAL OR	ancock	261	iral R.F.D.		X
INSTITUTION OR STREET ADDRESS Home		STREET ADDRESS	(11)	rural give locati	on)
3. NAME OF (First) DECEASED:	(Middle)	(Last)	4. DATE	(Month) (D	Ony) (Year)
(Type or Print) Susan	Gerturde	McKnight	OF DEATH:	3 6	19 55
5. SEX: S. COLOR OR 7. SI RACE: W	IDOWED, DIVORCED,	DATE OF BIRTH:	9. AGE last birt		Pays Hours   Min.
10a. USUAL OCCUPATIONGive kind	of   10b. KIND OF BUSIN		CE (State or foreign	n country): 12	COUNTRY!
work done during most of working life even if retired): HOUSEWIFE	Housewife	Washingt	on Countre M	he afres	U.S.A.
13. FATHER'S NAME:	TOUSOMILE	14. MOTHER'S'M	on County M	ary Is the	Uallage
Mb and a Dama as to		Conne	n Clay		
Thomas Donegan  15 WAS DECEASED EVER IN U.S. ARMED FOR	CES! 16. SOCIAL SECURITY N	o.:   I7. INFORMANT &	ADDRESS:		
(Yes, no, or unk.) (If Yes, give war or date service) No		Thomas T. Ma V	and while Williams	ale Massalla	m d
No No	None 18. MEDICAL CERTI	Thomas J McB	might nauco	OK MHLATE	ZQ.
Antecedent causes (s) Diseases or conditions, if any,	(a) Cerely (DUE TO Hyler DUE TO	// //	hage		Onset And Death 24 North
	(c) Intero	ecleroais			
<ol> <li>OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death I related to the disease or condition can</li> </ol>	but not				
19a. DATE OF OPERATION:   19b. MA		ATION			20. AUTOPSY ?
					Yes No
SUICIDE HOMICIDE	PLACE (Home, farm, factors)  F office bldg., etc.)  NJURY	7, street, (CITY OR To	OWN) ((	COUNTY)	(STATE)
	m. While at Not Wh At Work	lk 🔲			
22. I hereby certify that I attended	ed the deceased from Z.	- 23 ,1955, to	3-6 , 195	5, that I las	st saw the deceased
	(Degree or title)	at /0:15 PM , f		nd on the dat	
23. BURIAL, CREMATION, DATE THE REMOVAL (Specify)		EMETERY OR CREMATO		(City, town, or	
	9.55 St Patri	24. FUNERAL DI		Homes	ADDRESS
0 1		7	11		

VS. A15

BECEINED

BUREAU V. S.

SS61 LT NAM

A.S. In aftern Course to the constant of the course of the

. Brasilina Constant Administration of American Security Security

ET STORY THE LITE OF STORY THE STORY

### MARYLAND STATE DEPARTMENT OF HEALTH

03122

# CERTIFICATE OF DEATH

Item 9 FilmG179 3-23-55 et FOR MEDICA	L EXAMINERS	Reg. Dist. No.
1. PLACE OF DEATH.	1 2. USUAL RESIDENCE (HOME) O	
COUNTY  WARYLAND  CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	STATE	COUNTY WASHING TON write RURAL and give nearest town)
TOWN (in this place)		
INSTITUTION OR	TOWN KEPDYSY STREET ADDRESS	
3. NAME OF (First) (Middle) DECEASED	(Last)   SEPOYSVI	
(Type or Print) WILBUR H	VILLER DEA	TH MARCH . 12- 1955
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH   9. AGE Is	ast birthday   If under I year   If under 24 hrs
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or	MARCH - 4 - 1898 5758/	ountry)   12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY  GUARD - FAIRCHILD AIRCRAFT  13. FATHER'S NAME	10	D. Co. Mp. COUNTRY?
ALBERT MILLER		CIER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	IC-LER
YES, (service)	MRS. JOHN O. BOYER	KEEDYSVILLE MD.
18. MEDICAL CI	RTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
929 mmediate cause (*)	suffocation by drow	ning
Antecedent cause(s)  Diseases or conditions, if any, (b) giving rise to the above cause		
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT
none		Yes No 🗆
21. EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTING OF Office bidg, etc.) CAUSE OF DEATH. INJURY 1,141,2 Antieten	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	Creek- Rural-Keedys	ville, Wash., Md.
OF INJURY 3-11-55 10PM m. While at Not while work at work	Found dead in creel	
22. I certify that I took charge of the remains described above, held an a		
1 ONITIMED BY SAID AUTODSY, INSPECTION OF INDUSTRATION AND that said deci	pased died on the dry stated ahone	and death in my opinion resulted
from: natural causes , accident , suicide , homicide , SIC NATURE DEPUTY MF(Degree of 11116)	undetermined X. ADDRESS	DATE SIGNED
Market - / his of the two is		
23. BURIAL, CREMATION I DATE THEREOF I NAME OF CEMETE	N. Potomac St-Hagerston	OWn, Md. 3-14-55 N (City, town, or county) (State)
REZVIOVAL (Specify)		TTSVILLE FRED. CO. MD.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 15-1953 Woth Leeling	INM. F. BAST AND S	ONS BOONSBORD MD

The correct ag-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DECENAED S

TOI IS MAM

BUREAU V. S.

	-22.000 222
S. A15—10-53  MARGIN RESERVED FOR BINDING  PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. correct age is especially important. Physicians: please write the causes of death clearly and legibly.	1. PLACE OF DEATH:
ED FOR BINDING NG INK. Supply every item of information carefull please write the causes of death clearly and legibly.	
eg ar	COUNTY Washington
9 2 9	CITY (If outside corporate llmits, wr OR and give nearest town)
an an	O3TOWN Hagerstown
na ly	HOSPITAL OR
orn	9 STREET ADDRESS Washing
nfo	
f i	3. NAME OF (First) DECEASED:
ea o	(Type or Print) GROVER
f d	5. SEX:   6. COLOR OR   7. SING RACE:   WID
70	Male White Spe
ery	IOA. USUAL OCCUPATION (Give kind of
an an	work done during most of working life. even if retired): 101der
FOR BINDING INK. Supply ev	13. FATHER'S NAME:
the the	
Su Su	Otho Mongan
Z. Y	15. WAR DECEASED EVER IN U.S. ARMED FORCE
O N N N	(Yes, no, or unk.) (If Yes, give war or day of service)
T I	
ED NC	I DISEASES OR CONDITIONS DIRECT
λ IG	420.0
EF A	IMMEDIATE CAUSE
RESERVED UNFADING	ANTECEDENT CAUSE (S)
R U U	DISEASES OR CONDITIONS, IF ANY,
Z H d	GIVING RISE TO THE ABOVE CAUSE
E TI d	STATING UNDERLYING CAUSE LAST.
MARGIN RESER AINLY, WITH UNFAI	II OTHER SIGNIFICANT CONDITIONS
M, K,	TO THE DEATH BUT NOT RELATED
D T T T T T T T T T T T T T T T T T T T	DISEASE OR CONDITION CAUSING
im in	19A. DATE OF OPERATION: 19B. MA.
132	0
VRITE PL especially	21A. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH
TE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
RI	21D. TIME (Month) (Day) (Year) (Hou
A e	OF INJURY
is is	М
33 E 0	22. I hereby certify that I attended
53 PE	alive on 3-/- , 1953
TYF TYF	SIGNATURE C
— 10 - 4 SE TYF	123 BURIAL CREMATION   DATE THE
SE	ES. BOMAL, CHEMATION, DATE ITA
A15	REMOVAL (SPECIFY)
A LE	
70 04	DATE REC'D BY LOCAL   REGISTR.

PATE REC'D BY LOCAL

Dr. Ditto III CERTIFICATE	E OF DEATH Reg. Dist.	No. 303
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
county Washington MARYLAND	STATE Maryland county Was.	hineton
CITY (If outside corporate llmits, write RURAL  LENGTH OF STAY	CITY(If outside corporate limits, write RURAL as	nd give nearest town
OR and give nearest town) (in this place)  TOWN Hagerstown 3 days	TOWN Hagerstown	20 0
HOSPITAL OR	STREET (If rural give location)	00
gistreet address Washington Co. Hospital	ADDRESS	
DECEASED:	OF	Oay) (Year)
	ONGAN DEATH: Mar.	19 55
Male White Widowed, Divorced, (Specify): Married Aug.	. 3, 1888 66 yrs. Months D	ays Hours   Mln.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Nolder letal Worker		COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	U.S.A.
Otho Mongan	May Ellen Moats	
5. WAS DECEASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) W. I 218-01-1488	Jessie H. Mongan	
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEE
11 D = =		ONSET AND DEAT
IMMEDIATE CAUSE (A)	in Selenter Heart Simme	1/42
ANTECEDENT CAUSE (S)		1
DISEASES OR CONDITIONS, IF ANY, (B)		
GIVING RISE TO THE ABOVE CAUSE DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	y	
0		YES NO
21a. ACCIDENT WAS UNDERLYING \( \) PROONTRIBUTING \( \) CAUSE OF DEATH OF INJURY street, office bldg., IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	y) (State)
P.D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from / - 2	- 1950 to 3~ /- 1955 that I last	saw the decess
alive on 3-/- , 1063 , and that death occurred at	M, from the causes and on the date s	stated above.
SIGNATURE S EAS DATE	ADDRESS	E SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or	county) (State
Burial 3-4-55 Manor Ce	netery nr. Tilghmanto	n. Md.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

Andrew K. Coffman-Hagerstown, Md.

BUREAU V. S.
MARKAU V. S.
MARKA

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

# 63 MARGIT

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03124

3128 CERTIFICATE OF DEATH

Reg. Dist. No. 302

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
gib	COUNTY Washington MARYLAND	STATE Md. COUNTY Washin	ngton
and le	CITY (If outside corporate limits, write RURAL OR and give nearest town)  OR Hagerstown  CITY (If outside corporate limits, write RURAL (in this place)  (in this place)  3 days	CITY(If outside corporate limits, write RURAL and OR TOWN Hagerstown	
death clearly and legibly	HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital	STREET ADDRESS 433 Jefferson St.,	1
CJ			ay) (Year)
eath		osser OF DEATH: 3 6	19 55
of	female   6. COLOR OR   7. SINGLE. MARRIED.   8. DATE   WIDOWED. DIVORCED.   B. DATE   WIDOWED. DIVORCED.   B. DATE   B. DATE	A STATE OF THE STA	Hours Min.
causes	OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife home	11. BIRTHPLACE (State or foreign country): 12. Commercersburg, Penna.	COUNTRY?
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
中	Conil Verene	Susan Brubaker	
write	Cecil Myers  15. Was Deceased Ever In U.S. Armed Forces?   15. Bocial Security No.	17. INFORMANT & ADDRESS:	
se W	(Yes, no, or unk.) (If Yes, give war or dates no of service)	Mrs. Raymond Sprankle Hagersto	wn, Md.
ans: please	18. MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  (A)  DUE TO	Terie Thrombon's	ONSET AND DEATH
Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	Myounds	(5 gus
	(C)		
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
upo	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	2		YES THE NEW YES
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		(State)
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
age	22. I hereby certify that I attended the deceased from 2	, 1953, to 7 - , 1953, that I last	saw the deceased
correct a	alive on, 1955, and that death occurred at SIGNATURE	ADDRESS	tated above.  SIGNED
60	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or	county) (State)
	Burial Mar. 9, 1955 Cedar Hill	Greencastle	Pa.
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Fred W. Kraiss Hagerstown, Mc	ADDRESS

BUREAU V. S.

BUREAU V. S.

	H	
X	carefully.	lowihly
	Supply every item of information carefully. T	the the course of death alocaler and lamithe
	of	440
	item	of do
57	every	200000
BINDING	Supply	to the

he

3129 CERTIFICAT	E OF DEATH Reg. Dist.	No. 400 2.
1. PLACE OF DEATH:  Washington  MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED Maryland STATE COUNTY	Wash
CITY (If outside corporate limits, write RURAL OR and give nearest town Hagers town LENGTH OF STA'	OR Hagerstown	nd give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS 135 N. Cannon Ave.	ADDRESS 135 N. Cannon A	ve. /
	Musey OF March	20 (Year) 55
Female White Specify Widowed June	4, 1881   73 yrs.	ays Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, evHousiedWife OK INDUSTRY:  Own Home	Hagerstown Md.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Daniel White	Julia Bassett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, Nor unk.) (If Yes, give war or dates of service)	Guy C. Musey Hagerst	own Md.
18. MEDICAL CERTIFICA	ATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	/) A	ONSET AND DEATH
331X IMMEDIATE CAUSE (A) Courts	el hemorrhage.	11 days
ANTECEDENT CAUSE (6)		//
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OUE TO		1
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING, TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	mine cardis-vascular disco	2
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE Home, farm, fa OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	actory, 21c. WHERE DID (City or town) (Count g., etc. INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work	ED   21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	1, 9, 1900, to Mar. 20, 1900, that I last	saw the deceased
alive on Man, 1995, and that death occurred a	M, from the causes and on the date s	stated above.
Mojaw		. 22, 1955
DEMONIAL CONCOUNTS	1 Cemetery Hagerst own	Md. (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE RECISTRAR 3, 1958 LOKAS TO DOCUMENTO	Scott F. Minnich & Son	Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

A15 - 10 - 53VS.

DECEIVED
MAR 28 1955

BUREAU V. S.

NOR

Bot Restrict

Reg. Dist. No.

(Day)

17

Days

(Year)

19

Hours

(If rural give location)

Months

(Month)

The correct

carefully.

information

clearly and legibly.

death

causes

write the

please

Physicians:

important.

especially

I. PLACE OF DEATH:

HOSPITAL OR INSTITUTION OR

STREET ADDRESS

RACE:

COUNTY

TOWN

3. NAME OF DECEASED:

5. SEX:

(Type or Print)

PLAINEY PLEASE WRITE

work done during most of working life,	KIND OF BUSINESS OR INDUSTRY:	Morgan Cou	State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		4. MOTHER'S MAIDE	N NAME:	
Robert Gate		Not	Known	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S (Yes, no, or unk.) (If Yes, give war or dates of service) No Not		ene Faith Ha		
18.	MEDICAL CERTIFICATIO	N		Internal Detroop
I. DISEASES OR CONDITIONS DIRECTLY LEA	Coronary Anthrose	Ocha	ion	Interval Between Onset And Death
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  DUE TO  DUE TO	arterose	levasis		
(c)				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Auronlar	. Fihilla	tion	
19a. DATE OF OPERATION: 19b. MAJOR FIND	INGS OF OPERATION			20. AUTOPSY?
	ome, farm, factory, street, ice bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
OF Whil	URY OCCURED le at Not While rk  At Work	HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the dec	eased from Inly	.195 3. to 3 -	1.7., 195.5, that I	last saw the deceased
23. BURIAL, CREMATION, DATE THEREOF	death occarred at	IDPM, from ADDE	the causes and on the diess LOCATION (City, town,	late stated above.  DATE SIGNED  3 - / 9- 55  or county (State)
Burial 3.20.55 DATE REC'D BY LOCAL REGISTRAR'S SIGNEGISTRAR	liouse of Jaco	FUNERAL DIRECT	Hancock MdWashi	ADDRESS
0		V		

double and the free

. D. Esables

A COLUMN TO THE PART OF THE PA

their ball,

And product strates non-

armoni in path

With the Printer

ut to the

3000

BAL DRIBLE

And the same

0.0

BUREAU V. S.

EGGI DE MAM

BECEINED

TOTAL DESCRIPTION ASS. OF THE RESERVE

p Index

The correct age

## CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 306

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY WAShington MARYLAND	STATE MCI
	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) (in this place)	TOWN RURH!
HOSPITAL OR	STREET (If rural, give location)
COSTREET ADDRESS SMEThsburg Md	ADDRESS Smith sbung Md
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) David Emanuel	Otero DEATH March 12 195
5. SEX 6. GOLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year   If under 24 h   Months   Days   Hours   Mis
MALE Ponto Rices WIDOWED DIVORCED. (Specify) SINGLE	3ebt. 16,1957 3 yrs.
done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHA
13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME
Viotas F Otosa	MARY F JAY
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17 INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	Wister F. Otero micholing Md. P.D.Z.
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE
929.0	eation by drowning
Immediate cause (a)	eaces ay + avoisone
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	· 8
(e)	
H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0./	Yes No.
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING DECEMBER OF DEATH.	Sucthslewer R7DZ Wash, Wash, Will
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY 3 - 12 · 55 ///30m. While at work I	Drowned in Found at reas of House
22. I certify that I took charge of the remains described above, held an A	utonsy Inspection I Inquiry thereon and from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the dry stated above, and death in my opinion resulted
from: natural cause accident K, suicide , homicide , SICK FORE	undetermined . DATE SIGNED
SICOLORE DEPUTY MEDICAL EXAM.	Mande 12
There will meter wash. co., MD. 119	N. Potomac St., Hagerstown, Md. 2-55
THE STORES OF TH	RY OR CREMATORY   LOCATION (City, town, or county) (State)
DURIAL CIREE	HILL WAYNESDORO PA.
DATE REG'D BY LOCAL REGISTRAR'S SIGNAL	ONERAL DIRECTOR ADDRESS
Man 14-55 ret W Jengrison	yours giror yaynesono, a

DECEIVED AM

	ATE DEPARTMEN			RE, 1803128
Item 8, FilmG178 3-17-55 et	CERTIFICATI	E OF DEA'	TH	Reg. Dist. No. 30Z
1. PLACE OF DEATH: COUNTY V.ASHINGTON	MARYLAND	2. USUAL RESID	ENCE (HOME) OF	MASHINGTON
CITY (If outside corporate limits, write RUOR and tive nearest town)			corporate limits, wri	te RURAL and give nearest to
HOSPITAL OR INSTITUTION OR ASHINGTON CO	OUNTY HOSPITAL	STREET ADDRESS		SYLVANIA AVE.
(Type of Alline)	ELODORE P	(Last) ADEN	4. DATE (MO OF DEATH:	MARCH 9 1955
5. SEX:   6. COLOR OR   7 SINGLE, WIDOWE! (Specify):	MARRIED, 8. DATE	1/9/1/ 1916	9. AGE last birthday 78yrs.	Months Days Hours Mi
NOA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired):	KIND OF BUSINESS OR INDUSTRY:	MARYLAND	(State or foreign cou	ntry): 12. CITIZEN OF WH
13. FATHERS WAME: WILLIAM PADEN		DAISY	TROVINGER	
(Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	NR. PAUL		HAGLESTOWN MD.
IMMEDIATE CAUSE	(A) /t 4 45-4	11471	2 cutitin	
ANTECEDENT CAUSE (5)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	UE TO	1		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CON	(B) UE TO (C) NTRIBUTING			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DE	(B) UE TO (C) NTRIBUTING HE	gen 1 to 1	Spose	20. AUTOPSY
DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DE.  19A. DATE OF OPERATION: 19B. MAJOR F	(B) UE TO (C) NTRIBUTING HE ATH. FINDINGS OF OPERATION	sen 1 to 1	Sport	YES NO
ANTECEDENT CAUSE (5) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DE.  19A. DATE OF OPERATION: 19B. MAJOR F.  21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(B) UE TO (C) NTRIBUTING HE ATH. FINDINGS OF OPERATION  PLACE (Home, farm, facilly street, office bldg.,	ory. 21c. WHERE I	DID (City or town)	
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DE.  19A. DATE OF OPERATION: 19B. MAJOR F  21A. ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  M.	(B) UE TO (C) NTRIBUTING HE ATH. FINDINGS OF OPERATION PLACE (Home, farm, facting of the bidg., 21E INJURY occurred While Not while at work	ory. 21c. WHERE INJURY OCCU	OID (City or town) R?	(County) (State)
ANTECEDENT CAUSE (5)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DE.  19A. DATE OF OPERATION: 19B. MAJOR F  21A. ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  M.	(B) UE TO  (C) NTRIBUTING HE ATH.  PLACE (Home, farm, facting street, office bldg.,  21e INJURY occurred at work  deceased from 7. Months  that death occurred at	21c. WHERE INJURY OCCU 21f. HOW DID 21f. HOW DID 3.5.3 MM, from the ADDRES CRY OR TREMATORY	DID (City or town) R? INJURY OCCUR?  the causes and on s	(County) (State)

SEGI PI AAM

28 14 0

BUREAU V. 2

SS61 18 SAM

BECEINED

(Year)

IF UNDER 24 HRE.

Hours

12. CITIZEN OF WHAT COUNTRY

INTERVAL

ONSET AND DEATH

20. AUTOPSY?

(County)

NO

(State)

(State)

(Day)

Days

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

The 3154 CERTIFICATE OF DEATH Reg. Dist. No. 305 carefully legibly. 2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH: COUNTY + COUNTY W 2 Ch 1 - 0 to-MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and and give nearest town) (in this place) item of information OR TOWN -Weeks TOWN etow dr o d clearly a STREET (If rural give location) HOSPITAL OR INSTITUTION OR ADDRESS STREET ADDRESS (Middle) (First (Last) DATE (Month) 3. NAME OF death DECEASED: (Type or Print) SINGLE, MARRIED, OF SEX: COLOR OR 8. DATE BIRTH: 9. AGE last birthday UF UNDER I YEAR RACE: WIDOWED, DIVORCED, Jo Months (Specify): Merried VPs. N34511 every causes 108. KIND OF BUSINESS USUAL OCCUPATION (Give kind of BIRTHPLACE (State or foreign country): work done during most of working life, OR INDUSTRY: BINDING even if retired) porter Supply MOTHER'S MAIDEN NAME: the 13. FATHER'S NAME: 90,700 roder 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. INK. (Yes, no, or unk.) (If Yes, give war or dates of service) RESERVED F MEDICAL CERTIFICATION ADING 18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH d IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) WITH MARGIN GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE PLAINLY DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. 21A. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 21c. WHERE DID (City or town) WRITE INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work OR 22. I hereby certify that I attended the deceased from May 10, 19 1, to 19 1, that I last saw the deceased

age alive on Moule and that death occurred at 1000 M, from the causes and on the date stated above. SIGNATURF DATE SIGNED M. D. PLEASE

23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF REMOVAL (SPECIFY) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 

REGISTRAR

APA 4 1955

BECEINED

LOCAL

ADDRESS

Ittem 8 ! Pilmc170 3-21-55 et CERTIFICATE	E OF DEATH Reg. Dist. No. 302
COUNTY CITY (If charing than the North, write RURAL LENGTH OF STAY OR and his part of the	2. USUAL RESIDENCE (HOME) OF DECEASED:  STATE MARYLAND COUNTY WASHINGTON  CITY(If outside corporate limits, write RURAL and give nearest town) OR HAMLESTOWN
HOSPITAL OR INSTITUTION OR ARLOCK CONV. HOSPITAL	STREET ADDRESS 301 S. MULBERRY ST.
DECEASED: (Type or Print) HUGH DORSEY	SAUM 4. DATE (Month) (Day) (Year) 5AUM OF MARCH 13 19
MALE RACE: WIDOWED DIVORCED. 5/25/ Specify): 5/25/ 10A. USUAL OCCUPATION (Give kind of 10s KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	OF BIRTH:  9. AGE last birthday    House   Hours   Min.
**RHTTRED GROCLE OWN STORE  13. FATHER'S NAME: MILTON H. SAUM	VIRGINIA U.S.A.  14. MOTHER'S MAIDEN NAME: ELIZABETH KOONTZ
(Yes, no or unk.) (If Yes, give war or dates of service) 16. Social Security No.	MRS. CATHERINE C. SAUM MD
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  HARDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A)  CEVER SEMAN  (B)  DUE TO  (C)	earl
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7 YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER. NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work	
	1

MARGIN RESERVED FOR BINDING UNFADING INK. TYPE OR WRITE PLAINLY, WITH PLEASE

Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15-VS.

SSET AT BANK



and the special population products

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3132

### CERTIFICATE OF DEATH

Reg. Dist. No. 303

0.50%	icg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Md COUNTY Washington
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) 32 yrs	Town Hagers town
HOSPITAL OR INSTITUTION OR STREET ADDRESS 68 E. Franklin St.	STREET (If rural give location) ADDRESS  68 E. Franklin St
	(Last)  A. DATE (Month) (Day) (Year)  OF DEATH: Mar 14 19 55
DACE. WIDOWED DIVORCED	9. AGE last birthday   IF UNDER 1 YEAR   HOURS   Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if Physician Wedicine	Monroe La.   12. CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Schulze	Hannah Schulze
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no or unk.) (If Yes, give war or dates of service)  220-18-2088	Ellan Janney Hagerstown Md.
18. MEDICAL CERTIFICAT	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Pulman	eaile Carlo Calosis
ANTECEDENT CAUSE (6)	of horizons
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  THE PROPERTY OF THE ABOVE CAUSE  OUT TO	air arco kolular
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
000	YES NO Z
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (County) (State)
OF INJURY  OF M.  OF While at work at work	21F. HOW DID INJURY OCCUR?
alive on 3/7 - , 1955, and that death occurred at SIGNATURE	13 ADDRESS Jack ingly DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMET	n Cemetery   Winchester Va.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRARY 4, 1955 OHALL HOUSE	Scott F. Minnich & Son Hag. Md.

ARCH RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

VS. A15 - 10 - 53

S261 91 9AM



. The wast washingly a zaves

VS. A15

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()3134

CERTIFICATE OF DEATH

Reg. Dist. No. 362

3.133		
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: Wa	ashington
county Washington MARYLAND	STATE Maryland COUNT	
CITY (If outside corporate limits, write RURAL  LENGTH OF STA	Y CITY (If outside corporate limits, write RURAL an	d give nearest town)
OR and give nearest town) (in this place) Hagerstown 4 hrs.	Town Sharpsburg Md.	X
HOSPITAL OR INSTITUTION OR WASHINGTON County Hospital	STREET (If rural give location)	1
street address washington county hospita	all single and the second	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) OF Morrola 2	
(Type or Print) Della Virginia	Scott DEATH: PLATE CITY 2	10 //
RACE: WIDOWED, DIVORCED.	E OF BIRTH: 9. AGE last birthday: IF UNDER I YE	
Temale White Specify Married Nov	. 27 1897   77 yrs. 3   2	6
10a. USUAL OCCUPATION Give kind of working life. INDUSTRY:	OR   II. BIRTHPLACE (State or foreign country):   12. C	OUNTRY?
even if retired): Housewife Home	Sharpsburg Md.	USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Clinton Houser	Ada Mose	
15 WAS DECEASED EVER IN U.S. ARMED FORCES 9 16. SOCIAL SECURITY No.: 1 (Yes, no, or unk.) (If Yes, give war or dates of		Md.
No service) No None	Mr. Keller Scott Chaplain St.	
/ 18. MEDICAL CERTIFICA	TION	Interval Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 1 11 - 4	Onset And Death
420.0 ( Interverel	ecolle len	
Immediate cause  DUE TO	fibillation	4 9.12
Antecedent causes (s) Diseases or conditions, if any,	portualio-	/
giving rise to the above cause stating the underlying cause last. DUE TO		
(c)		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death,		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
	eet   (CITY OR TOWN) (COUNTY) (S	Yes No No TATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stre SUICIDE HOMICIDE INJURY	ect, (CITY OR TOWN) (COUNTY) (S	IAID/
Time (Month) (Day) (Year) (Hour)   injury occured	HOW DID INJURY OCCUR?	
OF INJURY  m. While at Not While At Work	1. /	
22. I hereby certify that I attended the deceased from the	191 , to Mach Vi , 191 , that I last	saw the deceased
alive on hillely, 1905, and that death occurred at .	XIAN	stated above.
SIGNATURE (Degree or title)	ADDRESS DA	TE SIGNED
- Julian M.D.	12000000 160	177
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET March 25-55 Mt. View	Cemetery Sharpsburg Md.	inty) (State)
Burial March 25-55 Mt. VICINITIAN DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Louist books 8	ADDRESS
THISTRANDIANT LOUIS LOUIS TO LOUIS TO	Albert L Leaf Williamsport	Md.

BECEINED

BUREAU V. S.

2301 88 AAN

Levon

MARGIN RESERVED	UNFADING
MARGIN	LINLY, WITH
1)	WRITE PLA
	OR
VS. A15 — 10 - 53	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING

	MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18 03135
. The	3156 CERTIFICATE OF	DEATH Reg. Dist. No. 306
i ii		JAL RESIDENCE (HOME) OF DECEASED:
) je i	1. PLACE OF DEATH:  2. USU  COUNTY Washington MARYLAND STA  CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY	TE Md. COUNTY Wash.
ca	CITY (If outside corporate limits, write RURAL LENGTH OF STAY CIT	Y(If outside corporate limits, write RURAL and give nearest town
tion	OR and give nearest town)  X TOWN rural Smithsburg 3 (in this place)  TOWN rural Smithsburg 3 years	2 42 42 5 42 5 42 5
forma		REET (If rural give location) RED 2
of in	3. NAME OF (First) (Middle) (Last) DECEASED: (Type or Print) Jacob Clyde Shaver	4. DATE (Month) (Day) (Year) OF DEATH: March 28 1955
item	PACE. WIDOWED DIVORCED	TH: 9. AGE last birthday   If UNDER 1 YEAR   If UNDER 24 HRS.   Months   Days   Hours   Min.
ery	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIR	THPLACE (State or foreign country):  12. CITIZEN OF WHAT
ev	TOA. USUAL OCCUPATION (Give kind of work done during most of working life, even in a rited ger canning factory Loui	country?
oly		THER'S MAIDEN NAME:
idn	13. FATHER'S NAME:  Samuel A. Shaver  15. Was Deceased Ever in U.S. Armed Forces:  (Yes, no, or unk.) (If Yes, give war or dates)  (Yes, no, or unk.)	Carrie Propst
δ2 .	15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY No.   17. INI	FORMANT & ADDRESS:
Z		Luella Shaver, Smithsburg, Md
5	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
N.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
AD	IMMEDIATE CAUSE (A) Cerebral	sur bolism Sus Fant.
N.	IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A)  DUE TO  (B)  (B)  Outers  Due To	
5.	DISEASES OR CONDITIONS, IF ANY. (B) Quiterio- O claro	tie heart disease 20 years
H	GIVING RISE TO THE ABOVE CAUSE DUE TO	
	L STATING UNDERLITING CAUSE LAST.	
WI.		elitio mild - 35
ć, WI		ently (mild) - 35
ILY, WID		ently (hild) - 35
AINLY, WI		ently) 20. AUTOPSY?
LAINLY, WI		YES NO A
(TE PLAINLY, WIT	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO Z.  . WHERE DID (City or town) (County) (State) URY OCCUR?
WRITE PLAINLY, WIT	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc. INJ (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F.  OF INJURY	YES NO Z
OR WRITE PLAINLY, WIT	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INJURY street, office bldg., etc. INJ (IF EITHER. NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work 21F.	YES NO Z.  WHERE DID (City or town) (County) (State) URY OCCUR?  HOW DID INJURY OCCUR?
E OR WRITE PLAINLY, WIT	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc. INJURY CCURRED OF INJURY  21B. PLACE (Home, farm, factory, 21c OF INJURY street, office bidg., etc. INJURY OF INJURY OCCURRED While Not while at work at work 19B.  22C. I hereby certify that I attended the deceased from 19B.	YES NO THE NO TH
YPE OR WRITE PLAINLY, WIT	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. INJ OR CONTRIBUTING CAUSE OF DEATH OF INJURY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work alive on Market 19. 19. 3. and that death occurred at alive on Market 25. 19. 3. and that death occurred at alive on Market 25. 19. 3. and that death occurred at alive on Market 25. 19. 3. and that death occurred at alive on Market 25. 19. 3. and that death occurred at alive on Market 25. 19. 3. and that death occurred at alive on Market 25. 19. 3. and that death occurred at alive on Market 25. 19. 3. and that death occurred at alive on Market 25. 19. 3. and that death occurred at alive on Market 25. 19. 3. and that death occurred at alive on Market 25. 19. 3. and that death occurred at alive on Market 25. 19. 3. and that death occurred at alive on Market 25. 19. 3. and that death occurred at alive on Market 25. 19. 3. and that death occurred at alive on Market 25. 19. 3. and that death occurred at alive on Market 25. 19. 3. and that death occurred at alive on Market 25. 19. 3. and that death occurred at alive on Market 25. 19. 3. and that death occurred at alive on Market 25. 19. 3. and that death occurred at alive on Market 25. 19. 3. and that death occurred at alive on Market 25. 19. 3. and that death occurred at alive 25. 19. 3. and that death occurred at alive 25. 19. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	WHERE DID (City or town) (County) (State) URY OCCUR?  HOW DID INJURY OCCUR?  #4, to U 28, 1955, that I last saw the deceased M, from the causes and on the date stated above.  ADDRESS DATE SIGNED
E TYPE OR WRITE PLAINLY, WIT	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc. INJ OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF INJURY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work at work at work 19B.  22. I hereby certify that I attended the deceased from alive on March 25, 1955, and that death occurred at 35 M.D. While M.D.	WHERE DID (City or town) (County) (State) URY OCCUR?  HOW DID INJURY OCCUR?  #4, to U 28, 1955, that I last saw the deceased  M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED  3 2 8, 53
ASE TYPE OR WRITE PLAINLY, WIT	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at wor	WHERE DID (City or town) (County) (State) URY OCCUR?  HOW DID INJURY OCCUR?  M, to U 28, 1955, that I last saw the deceased M, from the causes and on the date stated above. ADDRESS  DATE SIGNED  CREMATORY LOCATION (City, town, or county) (State)
LEASE TYPE OR WRITE PLAINLY, WIT	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc. (IF EITHER. NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at wor	WHERE DID (City or town) (County) (State) URY OCCUR?  HOW DID INJURY OCCUR?  M, from the causes and on the date stated above.  ADDRESS  CREMATORY LOCATION (City, town, or county) (State)  CHAPTER DID (City or town) (State)  CREMATORY LOCATION (City, town, or county) (State)  CHAPTER DID (City or town) (State)
PE OR WRITE PLAINLY, WI	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc. (IF EITHER. NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at wor	WHERE DID (City or town) (County) (State) URY OCCUR?  HOW DID INJURY OCCUR?  M, from the causes and on the date stated above.  ADDRESS  CREMATORY LOCATION (City, town, or county) (State)  CREMATORY LOCATION (City, town, or county)  CHAPTER SIGNED  CREMATORY LOCATION (City, town, or county)

2361 18 AAM

DECENED

UNFADING

OR WRITE

PLEASE TYPE

Supply every item of information carefully. The

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03136

3134 CERTIFICATE OF DEATH

Reg. Dist. No. 302

- 1	0:01			
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
	COUNTY WASHINGTON MARYLAND	STATE ARYLAND COUNTY WASHINGTON		
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CiTY(If outside corporate limits, write RURAL and give nearest town)		
	13 TOWN AND THE THE STOWN 60 YAS.	OR TOWN HAGERSTOWN		
	HOSPITAL OR	STREET (If rural give location)		
	OF STREET ADDRESS 615 N. PROSPECT ST.	ADDRESS 615 N. PROSPECT ST.		
	DECEASED: WATERIA CONT.	Last) 4. DATE (Month) (Day) (Year)		
	(Type or Print) MARIAN LOUIDE SHI	LLLING DEATH MERCH 21 19 55		
	RACE: WIDOWED DIVORCED.	OF BIRTH: 9. AGE jast birthday IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.		
	ERMALL WHITE Special: 9/15/	1885 69 yrs.		
	ON USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT COUNTRY?		
	even if redirect HOME	MARYLAND U.S.A.		
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
	GLORGE P. CROWE	MARY EUGENIA WOLFE		
	(Yes, ppor unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS: HAGERSTOWN		
	2 NO of service) 215-18-1215	MASS LILLIE WAITS MD.		
3	18. MEDICAL CERTIFICATION INTERVAL BETY			
5,	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH		
	174X	CEST carcinome of uterns 21/2 yes [?)		
	DUE TO	of all on all once of all all all all all all all all all al		
	ANTECEDENT CAUSE (S)			
	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST			
	(C)			
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
	DISEASE OR CONDITION CAUSING DEATH.			
1	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
		YES NO C		
CCION	21A. ACCIDENT WAS UNDERLYING [] 21B. PLACE (Home, farm, factor of Contributing [] Cause of Death (if either, notify medical examiner) OF INJURY street, office bldg.,	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?		
100	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?		
2	M. at work at work	THE RESERVE OF THE PARTY OF THE		
200	22. I hereby certify that I attended the deceased from ? >			
3	alive on 1 3/21. 1957, and that death occurred at	11 a. M, from the causes and on the date stated above.		
3	SIGNATURE Chu IIIIon Cake	ADDRESS DATE SIGNED		
1	M.	RY OR CREMATORY   LOCATION (City, town, or county), (State)		
1	REMOVAL (SPECIFY)			
		won com. Welliamsfort Worsh, Md.		
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR // ADDRESS		

BECEINED

BUREAU V. S.

SEPT TO SANT

# E WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH

VS. A15

	3157	CERTI	FICAT	E OF DE	ATH 1	Reg. Dist. N	V8.
1. PLACE OF	DEATH:			2. USUAL RESI	DENCE (HOME) OF DEC		
COUNTY	Washinsta	MA:	RYLAND	STATE M.		COUNTY	V
CITY (If or	Washingto utside corporate limits	write RURAL LENG	TH OF STAY	CITY (1f outs	ryland Washing	RURAL and	give nearest town)
OK and	give nearest town)	(in	this place)	OR			~
HOSPITAL	THIN GOK MAK	[ L	fe	STREET	lancock Marylan	ive location)	
INSTITUTION STREET AI	ON OR	mo		ADDRESS	East Main St.	100000000000000000000000000000000000000	
3. NAME OF	(First)	(Middle)		(Last)	4. DATE (Mont	h) (Day)	(Year)
DECEASED: (Type or Prin	nt) William	Jacob	Sho	emaker	OF DEATH: SAR	CH 4	19 55
5. SEX:		SINGLE, MARRIED, WIDOWED, DIVORCE (Specify): Widowed	8. DATE	of BIRTH: 22/1872	9. AGE last birthday: 82 yrs.	Months Days	
10a. USUAL OC	CCUPATION. Give kin	d of   10b. KIND OF			CE (State or foreign coun	try):  12. CIT	
work done of	during most of working	Sand Mir			ton County Mary		U.S.A.
Enginerr	NAME:	ACTIN WIT	100	14. MOTHER'S MA	AIDEN NAME:	TC 124	0000111
	Shoemaker			Met	nilda Shives		
15 WAS DECEAS	ED EVER IN ILS ARMED	FORCES ! 16. SOCIAL SEC	URITY No.:   17	. INFORMANT & A	DDRESS:		
Yes, no, or unk.	(If Yes, give war or service)	dates of	1	re Wahal S F	Hiles 48 E.Main	et Henc	ook Md.
	1	18. MEDICAL			TTOO TO MANAGE	, 00	OUR MAG
1. DISEASES	OR CONDITIONS DI	RECTLY LEADING TO		1011			Interval Between
420 Immediat	2,0			neart discease			5 years
Diseases or	nt causes (s) r conditions, if any, to the above cause	DUE TO  (b)	70.00.00				
stating the	underlying cause last	DUE TO			A CONTRACTOR		
Conditions c	ENIFICANT CONDITION contributing to the dea ne disease or condition	ONS th but not	Chronic	nephritis			unknown
19a. DATE OF		MAJOR FINDINGS OF	OPERATION				20. AUTOPSY ?
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, office bldg., INJURY	, factory, stree	t, (CITY OR TO	WN) (COUNT	Y) (STA	ATE)
TIME (Mont		Hour) INJURY OCC While at	Not While	HOW DID 1NJU			
22. I hereby		nded the deceased fr	om Aug. 30		rch 4, , 1955 , tl		
alive on	****** LV	(Degree or title	curred at	A	om the causes and on DDRESS	DATI	ated above. E SIGNED ch 4, 1955
REMOVAL	(Specify)		e of CEMETI	ERY OR CREMATOR	Hancock Wash	town, or count	ty) (State)
DATE REC'I REGISTRAR	D BY LOCAL REGIS	TRAR'S OUNATURE	SCOPAT OF	24. FUNERAL DIE	RECTOR	THE COLL W	ADDRESS
~ /		/ 1/1/10		Trouvaid (	priore Ho	mode	2 1110

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SEEL TI AAM

BUREAU V. S.

ation this that is

. M. Monoura du min'. I the calle of Legale and

RATE OF PARTY STREET

### MARYLAND STATE DEPARTMENT OF HEALTH

3135

### CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

eg. Dist. No. 302

	Reg. Dist. No	)
1. PLACE OF DEATH- COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED WAS SHAN	
CITY (If outside corporate limits, write RURAL and COR give nearest to all languort Md Rhd to place)	I TOWN TITIETHED OF COME	re nearest town)
HOSPITAL OR BOOM BOOM STREET ADDRESS BOOM STREET ADDRESS	STREET ADDRESS Boonsboro Pike	1
3. NAME OF (First) (Middle) DECEASED (Type or Print) John Edward	Starlipher   4. DATE (Month) OF DEATH March 1	PO 1
Male   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) a F1 1 CCl.	8. DATE OF BIRTH Dec. 23 18 90 64  yrs.   If under Months	1 year   If under 24 hrs   Days   Hours   Min.
done during most of working life, even if retired)  Ret. der mere	Sharpsburg Dist	COUNTRY? USA
John William Starliper	Anna Azella Hebb	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of 220-16-2851	Delilah H. Starliper willia	Pike HP
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Fractured 1	skull ( hemorrhage & shock)	1 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		- 10 00 01 01 resupely gate 4500 6500 mindel 650 100
	hritis of knees	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. EXTERNAL CAUSE WAS PRIMARY TOR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.  PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY at home	Rural - Williamsport Walh	(STATE) Md.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF 1NJURY Mar, 15 35 4:30 m. While at work at work	Fell down dark stair steps	44
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said decfrom: natural causes , accident , suicide , homicide , homicide , suicide , homicide , homicide , suicide , homicide , suicide , homicide , suicide , homicide , homicide , suicide , homicide , homicide , suicide , homicide , homicide , homicide , homicide , suicide , homicide , homici	eased died on the day stated above, and death in my number and ADDRESS  AM 115 N. Potomac St- Hagerstown, 1	opinion resulted  DATE SIGNED  3/6.55
Burial (Specify) Date Thereof Name of CEMETE Burial (Specify) March 18-55 Mt. View	Cemetery Sharpsburg Md.	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Edith V. Leaf Williamspor	t Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

SEEL ST WW. SELLO

24	P
MARGIN R	WITH
M.	PLEASE TYPE OR WRITE PLAINLY. WITH U
I	WRITE
	OR
10 - 53	TYPE
1	FASE
VS. A15	DI

MARYLAND STATE DEPARTMENT (	OF HEALTH—BALTIMORE, 18 ()3139
3136 CERTIFICATE C	OF DEATH Reg. Dist. No. 302
	USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY WAShington MARYLAND  CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE MAKY MAY COUNTY Washington
	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN    Horizontal Value   03  STREET (If rural give location)
OR and give nearest town)  OR and give nearest town)  OR AND HAGENESTOWN  OYRS,  HOSPITAL OR INSTITUTION OR STREET ADDRESS WAS him glave (Our Ly Hospital)  3. NAME OF (First)  DECEASED:  (Type or Print)  S. SEX: 6. COLOR OR 17. SINGLE, MARRIED, 8. DATE OF	STREET (If rural give location)  ADDRESS  To I Tradiana Aug.
3. NAME OF (First) (Middle) (Last DECEASED: (Type or Print) LGRA BEILE TALE	of DEATH: MAR 14 1955
FEMALE WILL (Specify): Mercusal DEC	1, 1897 57 yrs. Months Days Hours Min.
work done during most of working life. OR INDUSTRY:	BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  The modern Virginia US
9 13. FATHER'S NAME:	ROSE Attwood
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17 (Yes, no, or unk.) (If Yes, give war or dates 27 12 18 7042	INFORMANT & ADDRESS: 501 Indiana Muc
	60, Devery Talboth Mongierstony, me
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
Do4.0 Marte hu	photoe Klubenna & wo.
ANTECEDENT CAUSE (S)	
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A)  DUE TO  DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
DISEASE OR CONDITION CAUSING DEATH.	
	20. AUTOPSY7 YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   While   Not while	21c. WHERE DID (City or town) (County) (State) INJURY OCCUR?
M. at work at work	21F. HOW DID INJURY OCCUR?
. / 21/ 2. / . /	19/X, to March /4, 19 B, that I last saw the deceased
alive on husel 15, 19 , and that death occurred at Signature	
8 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY	
REMOVAL (SPECIFY) MAR 17, 1957 REST HAYEN	Compteny Hagenstown Md.
	24. FUNERAL DIRECTOR ADDRESS EST HAVEN FUNERAL Chapel Inc.
	Hagerstown and.

OF VIEWS

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	13140
CERTIFICATE		No. 307
3158 CERTIFICATION	The state of the s	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	100
COUNTY Washington MARYLAND	STATE May by COUNTY Washed	glon
OR and ove peared town) write RURAL LENGTH OF STAY (in this place)	CITY (If solside surporase limits, write KURA), and	give nearest town)
X TOWN Kun grounds Hook Life	TOWN Kind Saudy Arri	X
HOSPITAL OR	STREET (If rural, give location)	1
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF DECEASED: (Erst) Cagau (Middle)	(Last) 4. DATE (Month) (Day) OF DEATH: March 14	19 5-5-
Male RACE 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, Section 1.	7/-/0/2	YEAR IF UNDER 24 HRS. Days Hours Min.
102 USUAL OCCUPATION (Give kind of   10b. KIND OF BUSINESS OF	R   11. BIRTHPLACE (State or foreign country):   12	CITIZEN OF WHAT
work done during most of yorking life, Chauster Charles and Charle	Maryland	COUNTRY?
13. FATRER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Correlais Ville	Calheruel Comes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 (Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. C.E. lints / Survey 1	nd
18. MEDICAL C	CERTIFICATION	D
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	2 4	INTERVAL BETWEEN ONSET AND DEATH
450.0	Lesone	1144
Immediate cause  (a)  DUE TO		
Antecedent cause(s) Diseases or conditions, if any, (b)	***************************************	
giving rise to the above cause stating underlying cause last		
(c) II. OTHER SIGNIFICANT CONDITIONS:		
Conditions contributing to the death but not related to the disease or condition causing death.		
19n. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY?
0		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CFTY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF   While at   Not while   INJURY   M.   work   at work		
22. I hereby certify that I attended the deceased from.		aw the deceased
alive on 3 13 D and that death occurred at.	m., from the causes and on the date	stated above.
SIGNATURE DECREE OR LITE	E) ADDRESS	DATE SICNED
-/ KIRCIIDAI	DESCRIPTION OF THE PROPERTY OF	ounty // (State)
23. BUTILL CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or co	MA!
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRASS
March 18-1955 Mo Notherine Sagenhart	C.N. Tella 134 Munquak	//14



2361 18 AAM

BUREAU V. S.

leg. Dist. No. 302

2721	Reg. Dist	. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	shington
COUNTY Washington MARYLAND	STATE Maryland coun	
CITY (If outside corporate limits, write RURAL LENGTII OF STAY (in this place) TOWN Hagerstown 1 month		
HOSPITAL OR	STREET (If rural give location	
8/ STREET ADDRESS Washington County Hospit	ADDRESS	nd
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Charles Edward We	(Last) 1dner 4. DATE (Month) (Date of DEATH: Aarch 26	19 55
Male White Widoweb, Divorceb, (Specify): Married Nov	. 22 1895   59 yrs. 4 3	Pays Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter Ship Yards	R 11. BIRTHPLACE (State or foreign country): 12.  Maryland	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
George Fredrick Weidner	Minnie (last Unknown)	
15 WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY No.: 17	rs Bertha Davis Weidner	Maryland
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  (a)  DUE TO  (b)  DUE TO	of Certain che fastasis	Orset And Dea
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		1 20. AUTOPSY
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree OF office bldg., etc.) NJURY	ct, (CITY OR TOWN) (COUNTY)	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY Mork At Work	HOW DID INJURY OCCUR?	
DEMONAL = (Specify)	from the causes and on the date ADDRESS  ERY OR CREMATORY OCATION /City, town, or	stated above.  ATE SIGNED  County) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ille Cemetery/ Bakersville 1 124. FUNERAL DIRECTOR Albert L. Leaf Willamspo	ADDRESS

correct

Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

WITH UNFADING INK.

PLEASE WRITE PLAINLY

DECEIVED MAR 30 1955

BUREAU V. S.

correct age

### 3159

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03142

### CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Washington MARYLAND	Maryland	Wash.
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town R#3 (in this place)	OR TOWN Hagerstown 143	×
HOSPITAL OR	STREET (If rural, give location)	-
INSTITUTION OR NEAT Huyetts	ADDRESS near Huyetts	4
3. NAME OF (First) (Middle)	(Jast) 4. DATE (Month)	(Day) (Year)
(Type or Print) WALTER GLENN WHITT	LINGTON DEATH MAICH.	6, 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last birthday   If under	l year If under 24 hrs.
Male White WIDOWED, DIVORCED, (Specify) Married	Aug. 16,1896 58 yrs.   Months.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY R. R. R.	Jefferson County, W. Va.	COUNTRY? A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.0.2.
Coles M. Whittington	Nora May Schwartz	
15 Was Decrased River In II S ARMED ROPCES? 4 16 SOCIAL SECURITY NO.	17. INFORMANT	
/ (Ver no or unknown) I (If your give more or dates of 1.		
service) 705-10-6618	Mrs. Walter Whittington	
18. MEDICAL CEI	PTIE1CATION	T
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	LIFTOATION	INTERVAL BETWEEN ONSET AND DEATH
16.93	1 1 1 1 1 1	11 11.0 011.
Immediate cause (a) Concord	nung	I morning.
Antecedent cause(s)		
Diseases or conditions, if any, (h)	P44 - 4-1-1 (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
giving rise to the above cause stating the underlying cause fast		
(c)		
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death hut not	ę	
related to the disease or condition causing death.		
193. DATE OF OPERATION   1950 MAJOR FINDINGS OF OPERATION	1021	20. AUTOPSY?
Feb 11,1955/ Corcuora, metatic )		Yes No No
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.)	(0000002)	(0 = 11 = 23)
HOMICIDE   INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	HOW DID INVOICE GOODIE	
INJURY m.   Work   At work		
22. I hereby certify that I attended the deceased from SFU	, 1955, to 6 Morch, 195 Sthat I last sa	43: - 3
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last sa	tw the deceased
alive on 6 Marsh, 1955, and that death occurred at 5	A m., from the causes and on the date sta	tad shows
SIGNATURE (Degree or title).	ADDRESS	DATE SIGNED
( m. 7/ 1 mall /11,100	2 2 7 7 6) 7	1. 11-
Tille Hack I'm. Wille	mussod. The.	Mary SS
23. BURIAL, CREMATION   DATE   NAME OF CEMETER REMOVAL (Specify)   3-8-55   Green Law	RY OR CREMATORY   LOCATION (City, town, or county	y) (State)
REMOVAL (Specify) 3-8-55 Green Law	n Cemetery Williamsport.	Md
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
TARC - 1 1 - 1   1   1   1   1   1   1	Andrew K. Goffman-Hagerstov	
June 1. 1 de la	mindrew w. Goliman-magers for	vn, Ma

OBVIEDER 2 -V UAERUA PER STATE OF THE PERSON NAMED IN COLUMN STATE OF THE PERSON NAMED

TOTAL TOTAL STATE OF THE STATE OF

VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3120

### CERTIFICATE OF DEATH

Reg. Dist. No. 303,

0130		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Washington MARYLAND	STATE Md. COUNTY Wash:	ington
CITY (If outside corporate limits, write RURAL or and give nearest town)  3 TOWN Hagerstown  LENGTH OF STA' (in this place)  1 week		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital	STREET (If rural give location) ADDRESS 17 N. Mulberry St.	1
3. NAME OF (First) (Middle)  DECEASED: (Type or Print) Newton J	Young 4. DATE (Month) (	Oay) (Year) 30 19 55
RACE: WIDOWED, DIVORCED,	25, 1866 9. AGE last birthday Months I	YEAR   IF UNDER 24 HRS. Days   Hours   Min.
work done during most of working life, even if retired retired retired retired retired retired retired retired	Rouzerville, Pa.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
unknown	unknown	
(Yes, no, or unk.) (If Yes, give war or dates of service) 10. Social Security No.	Mr. Allen Young Hagerstown	, Md.
18. MEDICAL CERTIFICA	ATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	no se	ONSET AND DEATH
IMMEDIATE CAUSE (A) CITTLE	dishe Juliane - 4/1/000	1 Mio.
ANTECEDENT CAUSE (S)	RA RACES	years.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	lette Keut brocose	yens
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	elsons	yens_
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	ON	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contributing CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	actory, 21c. WHERE DID (City or town) (Coungr, etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE OF INJURY M. 21E INJURY OCCURRE While Not while at work at work		
SIGNATURE // Villewan	M. D. M, from the causes and on the date	stated above.
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEME REMOVAL SPECIFY)  Durial  4-2-55  Rest Have	en Hagerstown	(State) Md.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
ASSTRAR 1955 Lottos Hospitalower	Fred W. Kraiss Hagerstown,	Md.

DECENED

BUREAU V. S.

THE REPORT OF THE PARTY OF THE PARTY.

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

3139

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

03144

Reg. Dist. No. 302

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-	
Washington Maryland	Maryland	Washington
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY   OR give nearest town)	CITY (If outside corporate limits, write RURAL and give OR	nearest town)
OR give nearest town (in 6 this place) TOWN Hagerstown	TOWN Hagerstown	0.5
HOSPITAL OR // INSTITUTION OR // STREET ADDRESS Washington County Hospital	STREET (If rural, give location) ADDRESS 388 N. Prospect Street	/
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) MARTIN ABNER	YOUNKINS DEATH March	30 1955
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last birthday   If under 1	
Male White WIDOWED, DIVORCED, (Specify) Married	March 13,1895 60 yrs.   Months	Days Hours Min.
done during most of working life, even if retired)  RATHER'S NAME	Frederick County, Maryland	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John W. Younkins	Cormelia Weber	
16. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service) W. W.	Willis A. Younkins Hagerstown	. Maryland
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
S / O V		
Immediate cause (a) Open fractures bo	th tibia & fibula ( lt & rt.)	6 hrs.
to the state of th		
	emorrhage & shock	
giving rise to the above cause	## 1007 TO 100 T	
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
A A A A A A A A A A A A A A A A A A A	o nose, rt. cheek, rt side forehe	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	th tibia & fibula (rt & lt)	Yes 🗆 No 🔊
21. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING OF office hids. farm, factory, street, OF office hids. firm factory, atreet, INJURY HIGHWAY	U S 40A - 5 mi east Hagerstown,	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY 3 - 30-55 1:15PM While at work at work	Deceased walking in middle of ro	ad -hit by
22. I certify that I took charge of the remains described above, held an A	Autoney [] Inspection [] Inquiry [] thereon and	rom the enidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the dry stated above, and death in my	pinion resulted
from: natural causes [] accident [], suicide [], homicide [],	undetermined .	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Shower hells in D DEPUTY MEDICAL EXAM	1) N. Potomac St., nagerstown, Ma.	3-31-55
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE   REMOVAL (Succify)	RY OR CREMATORY   LOCATION (City, town, or county	
Burial 4/1/1955 Arlington Na	ational Cem.   Arlington,	Va.
DATE BEC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Efec. 1. 1955 Chast Bowers	C. M. Suter & Sons Hagerstown,	Marykand

9501 7 Ed.

DECENAED.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTME	ENT OF HEALTH—BALTIMORE, 18 03145
3140 CERTIFICAT	TE OF DEATH Reg. Dist. No. 302
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Klashington MARYLAND	STATE MARY HAND COUNTY WAS hing for
CITY (If outside corporate limits, write RURAL OR and give nearest town)  OR TOWN  APPERST	AY CITY(If outside corporate limits, write RURAL and give nearest tow
40 STREET ADDRESS 241 5, PROSPECT ST.	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Treas	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: 3 27 19 5 3
DACE WIDOWED DIVORCED	TE OF BIRTH: 9. AGE last hirthday IF UNDER 1 YEAR Months Days Hours Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Elinb Zuck	LOURING GEYSER
15. WAS DECEASED EVER IN U.S. ARMEO FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service) 2/3-/6-/62	17. INFORMANT & ADDRESS: 1103 Hormiton Bla 24 Mes. Ora Zuck Horgen story me
18. MEDICAL CERTIFIC	CATION INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEAT
443 X IMMEDIATE CAUSE (A) Cent	w Hennelses 24
ANTECEDENT CAUSE (6) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	in Hemmany - 2 gr
STATING UNDERLYING CAUSE LAST.	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERAT	TION
0	YES NO
OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office ble (IF EITHER, NOTIFY MEDICAL EXAMINER)	
OF INJURY  OF INJURY	RED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Z:	-/, 1957, to J - 27, 1953, that I last saw the decease
	at
	HETERY OR CHEMATORY LOCATION (City, town, for country) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 8.1955 SHALL TOWNS	REST HAVEN TENERAL Chaple   Dr

3361 OE AAM

SECENTED